Gulstonian Lectures

ON THE

RELATIONS BETWEEN BODY AND MIND,

AND BETWEEN

MENTAL AND OTHER DISORDERS OF THE NERVOUS SYSTEM.

Delivered at the Royal College of Physicians in 1870.

By HENRY MAUDSLEY, M.D., F.R.C.P.,

PROFESSOR OF MEDICAL JURISPRUDENCE IN UNIVERSITY COLLEGE, LONDON.

LECTURE II.—PART II.

I PURPOSELY selected for consideration the defective brain of the idiot, because it exhibits an undeniable fault of structure, which is often plainly traceable to evil ancestral influences. When we duly consider this, and reflect that we might, if we chose, arrange a series of human brains which should present a regular gradation from the brain of an ape to that of a well-developed European, are we not fully justified in supposing that like unfavourable ancestral influences may occasion defects in the constitution or composition of the mind-centres which we are yet quite unable to detect? We know nothing of the occult molecular movements which are the physical conditions of our mental operations; we know little or nothing of the chemical changes which accompany them—cannot, in fact, detect the difference between the nerve-element of a brain exhausted by exercise and incapable of further function, and that of a brain reinvigorated by sleep and ready for a day of energetic function; and we know nothing of the intricate connexion of nerve-cells in the hemispheres. It is plain, then, that there may be, unknown to us save as guessed from their effects, the most important modifications in the molecular activities of nerve-element, changes in its chemical composition, and actual defects in the physical constitution of the nerve-centres. Wherefore, when no appreciable defect is found in the brain of one who has had a strong predisposition to insanity, and has ultimately died insane, it behoves us to forbear a hasty conclusion that it is a perfectly well constituted brain. Close to us, yet inaccessible to our senses, there lies a domain of nature—that of the infinitely little,—the operations in which are as much beyond our present ken as are those that take place in the remotest regions of space, to which the eye, with all its aids, cannot yet reach, and of which the mind cannot conceive.

It certainly cannot be disputed that when nothing abnormal whatever might be discoverable in the brains of persons who have a strong hereditary tendency to insanity, they often exhibit characteristic peculiarities in their manner of thought, feeling, and conduct, carrying in their physiognomy, bodily habit, and mental disposition the sure marks of their evil heritage. These marks are, I believe, the outward and visible signs of an inward and invisible peculiarity of cerebral organisation. Here, indeed, we broach a most important inquiry, which has only lately attracted attention—the inquiry, namely, into the physical and mental signs of the degeneracy of the human kind. I do not mean to assert that all persons whose parents or blood relatives have suffered from nervous or mental disease exhibit mental and bodily peculiarities; some may be well formed bodily and of superior natural intelligence, the hereditary disposition in them not having assumed the character of deterioration of race; but it admits of no dispute that there is what may be called an *insane temperament* or *neurosis*, and that it is marked by peculiarities of mental and bodily conformation. Morel, who was the first to indicate, and has done much to prosecute, this line of inquiry, looks upon an individual so constituted as containing in himself the germs of a morbid variety: summing up the pathological elements which have been manifested by his ancestors, he represents the first term of a series which, if nothing happen to check the transmission of degenerate elements from generation to generation, ends in the extreme degeneracy of idiocy, and in extinction of the family.

What are the bodily and mental marks of the insane temperament? That there are such is most certain; for although the varieties of this temperament cannot yet be described with any precision, no one who accustoms himself to observe closely will fail to be able to say positively, in many instances, whether an insane person, and even a sane person in some instances, comes of an insane family or not. An irregular and unsymmetrical conformation of the head, a want of regularity and harmony of the features, and, as Morel holds, malformations of the external ear, are sometimes observed. Convulsions are apt to occur in early life; and there are tics, grimaces, or other spasmodic movements of muscles of face, eyelids, or lips afterwards. Stammering and defects of pronunciation are also sometimes signs of the neurosis. In some cases there are peculiarities of the eyes, which, though they may be full and prominent, have a vacillating movement, and a vacantly-abstracted or half-fearful, half-suspicious, and distrustful look. There may, indeed, be something in the eye wonderfully suggestive of the look of an animal. The walk and manner are uncertain, and, though not easily described in words, may be distinctly peculiar. With these bodily traits are associated peculiarities of thought, feeling, and conduct. Without being insane, a person who has the insane neurosis strongly marked is thought to be strange, queer, and not like other persons. He is apt to see things under novel aspects, or to think about them under novel relations, which would not have occurred to an ordinary mortal. Punning on words is, I am inclined to think, sometimes an indication of the temperament, and so also that higher kind of wit which startles us with the use of an idea in a double sense; of both which aptitudes no better example can be given than that of Charles Lamb. His case, too, may show that the insane temperament is compatible with, and indeed it not seldom coexists with, considerable genius. Even those who have it in a more marked form often exhibit remarkable special talents and aptitudes, such as an extraordinary talent for music, or for calculation, or a prodigious memory for details, when they may be little better than imbecile in other things. There is, indeed, a marked instinctive character in all they think and do; they seem not to need or to be able to reflect upon their own mental states. At one time unduly elated, at another time depressed without apparent cause, they are prone to do things differently from the rest of the world; and now and then they do whimsical and seemingly quite purposeless acts, especially under conditions of excitement, when the impulses springing out of the unconscious morbid nature surprise and overpower them. Indeed, the mental balance may be easily upset altogether by any great moral shock, or by the strain of continued anxiety. A great physical change in the system, too, such as is caused by the development of puberty, by the puerperal state, and the climacteric change, is not without danger to their mental stability. The effects of alcohol on such persons are in some respects special: it does not make them so much drunk as mad for the time being; and I think it will be found in most, if not all, cases of insanity caused by alcohol that there has been a predisposition to it.

I have sketched generally the features of the insane temperament, but there are really several varieties of it which need to be observed and described. In practice we meet with individuals representing every gradation from the mildest form of the insane temperament down to actual idiocy. These cases ought to be arranged in groups according to their affinities, for until this be done we shall not make much real progress towards exact scientific notions respecting the causation and pathology of insanity. One group might consist of those egotistic beings, having the insane neurosis, who manifest a peculiar morbid suspicion of everything and everybody; they detect an interested or malicious motive in the most innocent actions of others, always looking out for an evil interpretation; and even events they regard as in a sort of conspiracy against them. Incapable of altruistic reflection and true sympathies, they live a life of solitude and self-brooding, entrenched within their morbid self-feeling, until the discord between them and the world is so great that there is nothing for it but to count them mad. Another group might be made of those persons of unsound mental temperament who are born with an entire absence of the moral sense, destitute of the possi-

bility even of moral feeling; they are as truly insensible to the moral relations of life, as deficient in this regard, as a person colour-blind is to certain colours, or as one who is without ear for music is to the finest harmonies of sound. Although there is usually conjoined with this absence of moral sensibility more or less weakness of mind, it does happen in some instances that there is a remarkably acute intellect of the cunning type.

The observations of intelligent prison surgeons are tending more and more to prove that a considerable proportion of criminals are weak-minded or epileptic, or come of families in which insanity, epilepsy, or some other neurosis exists. Mr. Thompson, surgeon to the General Prison of Scotland, has gone so far recently as to express his conviction that the principal business of prison surgeons must always be with mental defects or diseases; that the diseases and causes of death among prisoners are chiefly of the nervous system; and, in fine, that the treatment of crime is a branch of psychology. He holds that there is among criminals a distinct and incurable *criminal class*, marked by peculiar low physical and mental characteristics; that crime is hereditary in the families of criminals belonging to this class; and that this hereditary crime is a disorder of mind, having close relations of nature and descent to epilepsy, dipsomania, insanity, and other forms of degeneracy. Such criminals are really *morbid varieties*, and exhibit often marks of physical degeneration — spinal deformities, stammering, imperfect organs of speech, club-foot, cleft palate, hare-lip, deafness, paralysis, epilepsy, and scrofula. Moreau relates a striking case, which is of interest as indicating the alliance between morbid or degenerate varieties.

Mrs. D——, aged thirty-two. Her grandfather kept an inn at the time of the great French Revolution, and during the Reign of Terror he had profited by the critical situation in which many nobles of the department found themselves to get them secretly into his house, where he was believed to have robbed and murdered them. His daughter, who was in his secrets, having quarreled with him, denounced him to the authorities, but he escaped conviction from want of proofs. She subsequently committed suicide. One of her brothers had nearly murdered her with a knife on one occasion, and another brother hung himself. Her sister was epileptic, imbecile, and paroxysmally violent. Her daughter, the patient, after swimming in the head, noises in the ears, flashes before the eyes, became deranged, fancying that people were plotting against her, purchasing arms and barricading herself in her room, and was finally put in an asylum. Thus there were, in different members of this family, crime, melancholia, suicide, epilepsy, and mania. Need we wonder at it? The moral element is an essential part of a complete and sound character; he who is destitute of it, being unquestionably to that extent a defective being, is therefore on the road to, or marks, race degeneracy; and it is not a matter of much wonder that his children should, when better influences do not intervene to check the morbid tendency, exhibit a further degree of degeneracy, and be actual morbid varieties. I think that no one who has studied the causation of insanity will question this mode of production.

I could not, if I would, in the present state of knowledge, describe accurately all the characteristics of the insane neurosis, and group according to their affinities the cases testifying to its influence. The chief concern now with its morbid peculiarities is to point out, first, that they mark some inherited fault of brain-organisation; and, secondly, that the cause of such fault is not insanity alone in the parent, but may be other nervous disease, such as hysteria, epilepsy, alcoholism, paralysis, and neuralgia of all kinds. Except in the case of suicidal insanity, it is not usual for the parent to transmit to the child the particular form of mental derangement from which he has suffered: insanity in the parent may be epilepsy in the child, and epilepsy in the parent insanity in the child; and in families where a strong tendency to insanity exists, one member may be insane, another epileptic, a third may suffer from severe neuralgia, and a fourth may commit suicide. The morbid conditions which affect the motor nerve-centres in one generation seem to concentrate themselves sometimes upon the sensory or the ideational centres in another. In truth, nervous disease is a veritable Proteus, disappearing in one form to reappear in another, and, it may be, capriciously skipping one generation to fasten upon the next.

The different forms of insanity that occur in young children—as all forms of it except general paralysis may do—are almost always traceable to nervous disease in the preceding generation, a neuropathic condition being really the essential element in their causation. The cases of acute mania in children of a few weeks or a few years old which have been described might more properly be classed as examples of idiocy with excitement. There can be no true mania until there is some mind; but we do meet sometimes in older children with a genuine acute mania, occurring usually in connexion with chorea or epilepsy, and presenting the symptoms, if I may so express it, of a mental chorea or an epilepsy of the mind, but without the spasmodic and convulsive movements of these diseases. More or less dulness of intelligence and apathy of movement, giving the seeming of a degree of imbecility, is common enough in chorea, and in some cases there is violent delirium; but, besides these cases, there are others in which, without choreic disorder of movements, there is a choreic mania; it is an active delirium of ideas which is the counterpart of the usual delirium of movements, and its automatic character and its marked incoherence are striking enough to an ordinary observer. Hallucinations of the special senses, and loss or perversion of general sensibility, usually accompany the delirium, the disorder affecting the centres of special and general sensation, as well as the mind-centres.

Between this choreic mania and epileptic mania there are intermediate conditions partaking more or less of the character of one or the other—hybrid forms of a cataleptic nature. The child will lie for hours or days in a seeming ecstasy or trance, with its limbs rigid or fixed in a strange posture. There may be apparent insensibility to impressions, while at other times vague answers are given, or there is a sudden bursting out into wild shrieks or incoherent raving. If this be of a religious kind, the child is apt to be thought by ignorant persons to be inspired. The attacks are of variable duration, and are repeated at varying intervals. On the one hand, they pass into attacks of chorea; and, on the other hand, into true epileptic seizures, or alternate with them.

In children, as in adults, a brief attack of violent mania, a genuine *mania transitoria*, may precede, or follow, or take the place of an epileptic fit; in the latter case being a masked epilepsy. Children of three or four years of age are sometimes seized with attacks of violent shrieking, desperate stubbornness, or furious rage, when they bite, tear, kick, and do all the destruction they can; these seizures, which are a sort of vicarious epilepsy, come on periodically, and may either pass in the course of a few months into regular epilepsy, or may alternate with it. Older children have perpetrated crimes of a savage and determined nature—incendiarism, and even murder — under the influence of similar attacks of transitory fury, followed or not by epileptic convulsions. It is of the utmost importance to realise the deep effect which the epileptic neurosis may have on the moral character, and to keep in mind the possibility of its existence when a savage, apparently motiveless and unaccountable, crime has been committed. A single epileptic seizure has been known to change entirely the moral character, rendering a child rude, vicious, and perverse, who was hitherto gentle, amiable, and tractable. No one who has seen it can fail to have been struck with the great and abrupt change in moral character which takes place in the asylum epileptic immediately before the recurrence of his fits; in the intervals between them he is often an amiable, obliging, and industrious being, but when they impend he becomes sullen, morose, and most dangerous to meddle with. Not an attendant but can then foretell that he is going to have his fits, as confidently almost as he can foretell that the sun will rise next day. Morel has made the interesting observation, which is certainly well founded, that the epileptic neurosis may exist for a considerable period in an undeveloped or masked form, showing itself, not by convulsions, but by periodic attacks of mania, or by manifestations of extreme moral perversion, which are apt to be thought wilful viciousness. But they are not: no moral influence will touch them; they depend upon a morbid physical condition, which can only have a physical cure; and they get their explanation, and indeed justification, afterwards, when actual epilepsy occurs.

The epileptic neurosis is certainly most closely allied to the insane neurosis; and when it exists in its masked form,

affecting the mind for some time before convulsions occur, it is hardly possible to distinguish it from one form of the insane neurosis. The difficulty of doing so is made greater inasmuch as epilepsy in the parent may engender the insane neurosis in the child, and insanity in the parent the epileptic neurosis in the child. A character which the insane neurosis has in common with the epileptic neurosis is, that it is apt to burst out in a convulsive explosion of violence; that when it developes into actual insanity it displays itself in deeds rather than in words—in an insanity of action rather than of thought. It is truly a *neurosis spasmodica*. Take, for example, a case which is one of a class, that of the late Alton murderer, who, taking a walk one fine afternoon, met some little girls at play, enticed one of them into a neighbouring hop-garden, there murdered her and cut her body into fragments, which he scattered about, returned quietly home, openly washing his hands in the river on the way, made an entry in his diary, "Killed a little girl; it was fine and hot"; and when forthwith taken into custody, confessed what he had done, and could give no reason for doing it. At the trial it was proved that his father had had an attack of acute mania, and that another near relative was in confinement, suffering from homicidal mania. He himself had been noted as peculiar; he had been subject to fits of depression, been prone to weep without apparent reason, and had exhibited singular caprices of conduct; and it had once been necessary to watch him from fear that he might commit suicide. He was not insane in the legal or the ordinary sense of the term, but he certainly had the insane neurosis, and it may be presumed confidently that he would, had he lived, have become insane.

Those who have practical experience of insanity know well that there is a most distressing form of the disease, in which a desperate impulse to commit suicide or homicide overpowers and takes prisoner the reason. The terrible impulse is deplored sometimes by him who suffers from it as deeply as by anyone who witnesses it; it causes him unspeakable distress; he is fully conscious of its nature, and struggles in vain against it; his reason is no further affected than in having lost power to control, or having become the slave of, the morbid and convulsive impulse. It may be that this form of derangement does sometimes occur where there is no hereditary predisposition to insanity, but there can be no doubt that in the great majority of cases of the kind there is such a neuropathic state. The impulse is truly a convulsive idea springing from a morbid condition of nerve element, and it is strictly comparable with an epileptic convulsion. How grossly unjust, then, the judicial criterion of responsibility which dooms an insane person of this class to death if he knew what he was doing when he committed a murder! It were as unreasonable to hang a man for not stopping by an act of will a convulsion of which he was conscious. An interesting circumstance in connexion with this morbid impulse is that its convulsive activity is sometimes preceded by a feeling very like the *aura epileptica*—a strange morbid sensation, beginning in some part of the body, and rising gradually to the brain. The patient may accordingly give warning of the impending attack in some instances, and in one case was calmed by having his thumbs loosely tied together with a ribbon when the forewarning occurred. Dr. Skae records an instructive example in one of his annual reports. The feeling began at the toes, rose gradually to the chest, producing a sense of faintness and constriction, and then to the head, producing a momentary loss of consciousness. This aura was accompanied by an involuntary jerking—first of the legs, and then of the arms. It was when these attacks came on that the patient felt impelled to commit some act of violence to others or to himself. On one occasion he attempted to commit suicide by throwing himself into the water; more often the impulse was to attack others. He deplored his condition, of which he spoke with great intelligence, giving all the details of his past history and feelings. In other cases a feeling of vertigo, a trembling, and a vague dread of something fearful being about to happen, resembling the vertigo and momentary vague despair of one variety of the epileptic aura, precede the attack. Indeed, whenever a murder has been committed suddenly, without premeditation, without malice, without motive, openly, and in a way quite different from the way in which murders are commonly done, we ought to look carefully for evidence of previous epilepsy, and should there have been no epileptic fits, for evidence of an *aura epileptica* and other symptoms allied to epilepsy.

It is worth while observing that in other forms of insanity, when we look closely into the symptoms, there are not unfrequently complaints of strange, painful, and distressing sensations in some part of the body, which appear to have a relation to the mental derangement not unlike that which the epileptic aura has to the epileptic fit. Common enough is a distressing sensation about the epigastrium: it is not a definite pain, is not comparable strictly to a burning, or weight, or to any known sensation, but is an indescribable feeling of distress to which the mental troubles are referred. It sometimes rises to a pitch of anguish, when it abolishes the power to think, destroys the feeling of identity, and causes such unspeakable suffering and despair that suicide is attempted or effected. In other cases the distressing and indescribable sensation is in the crown of the head or down the spine, and sometimes it arises from the pelvic organs. In all cases the patients connect their mental trouble with it, regarding it as the cause of the painful confusion of thought, the utter inability of exertion, the distressing ideas, and the paroxysm of despair. Perhaps they exaggerate its importance; but there can be little doubt that writers on mental disorders, too exclusively occupied with the prominent mental features, have not hitherto given sufficient attention to these anomalous sensations. We have been apt to class them as hypochondriacal, and to pass them over as of no special significance; but I cannot help thinking that, properly studied, they may sometimes teach us more of the real nature of the particular form of insanity—of its probable course, termination, and its most suitable treatment—than many much more obtrusive symptoms.

In bringing this lecture to an end, I may fitly point out how entirely thus far the observation of the phenomena of defective and disordered mind proves their essential dependence on defective and disordered brain, and how closely they are related to some other disordered nervous functions. The insane neurosis which the child inherits in consequence of its parent's insanity is as surely a defect of physical nature as is the epileptic neurosis to which it is so closely allied. It is an indisputable though extreme fact that certain human beings are born with such a native deficiency of mind that all the training and education in the world will not raise them to the height of brutes; and I believe it to be not less true that, in consequence of evil ancestral influences, individuals are born with such a flaw or warp of nature that all the care in the world will not prevent them from being vicious or criminal, or becoming insane. Education, it is true, may do much, and the circumstances of life may do much; but we cannot forget that the foundations on which the acquisitions of education must rest are not acquired but inherited. No one can escape the tyranny of his organization; no one can elude the destiny that is innate in him, and which unconsciously and irresistibly shapes his ends, even when he believes that he is determining them with consummate foresight and skill. A well-grounded and comprehensive theory of mind must recognise and embrace these facts; they meet us every moment of our lives, and cannot be ignored if we are in earnest in our attempts to construct a mental science; and it is because metaphysical mental philosophy has taken no notice whatever of them, because it is bound by the principle of its existence as a philosophy to ignore them, that, notwithstanding the labour bestowed on it, it has borne no fruits—that, as Bacon said of it, "not only what was asserted once is asserted still, but what were questions once are questions still, and, instead of being resolved by discussion, are only fixed and fed."

TWO CASES OF PERFORATION OF THE STOMACH; ONE RECOVERY.

BY T. HALL REDWOOD, M.A., M.D.

CASE 1.—August, 1869. Eliza D——, twenty-eight, single, has been ill since last Christmas (eight months ago), when she began to vomit occasionally and to complain of pain, &c., and has continued to do so more or less ever since. Has been very little under treatment, as the symptoms were seldom or never severe. Had stitches in left side this day

(Tuesday) week. Better on Wednesday. At 3 P.M. on Thursday, just after dinner, she complained suddenly of severe pain in her bowels, and brought up her food, became collapsed, and had dry vomiting and straining to an extreme degree until death, which took place at 2.30 P.M. on Friday. She sent for some "cramp medicine" some time during Thursday night, but no message to be seen before Friday morning, when she was found in a hopeless condition, and perforation of stomach diagnosed.

Autopsy.—Fair amount of fat on body. Abdomen full of fluid food, which had escaped through a hole in the stomach, about the size of a sixpence, or larger, and situated on middle of under surface of stomach. On further examination, another small hole, with very thickened edges, was found about an inch nearer the pylorus. The coats of the stomach were considerably thickened from the small hole down, but about the larger one the walls appeared thinner than natural. There were evidences of recent acute peritonitis. It is surprising, with such an amount of disease in the stomach, that the woman had not wasted more. She was rather plump than otherwise.

CASE 2.—Mrs. T——, aged twenty-five. Has one child seven years old. Enjoyed good health up to a fortnight ago, when she complained of an ordinary cold, which soon passed off. On Jan. 3rd, 1870, she complained, after dinner, of stomach-squeezing, and of a desire to vomit; went to bed, and then vomited. Next morning she was better, and took a little breakfast without pain or vomiting: after dinner she had severe pain in stomach and left side, and vomited all she had taken; was better towards evening, but complained of pain throughout the night. Was better again next morning, and continued pretty comfortable until after dinner (between 2 and 3 P.M.), when she was suddenly "doubled up" by frightful pain in the stomach, and vomited her food, as on the two preceding days. The pain, instead of subsiding as before, became so severe over the abdomen that she could not bear the weight of the clothes. A little after 5 P.M. she was seen by the dispenser, Mr. W. H. Boland (a qualified man), who found her in an extreme state of collapse, pulseless and blanched, suffering great pain, and the stomach and abdomen very tender to the touch. He ordered opium with ether, and warm applications; and, early in the evening, reported the case to me as probably one of perforation of the stomach. I saw her at once, and found her as above described, the tenderness not being perhaps quite so great, but skin cold and clammy, and pulse hardly perceptible. Strict orders were given that nothing whatever should be taken by mouth, beyond moistening the lips and mouth with a little milk or water. An enema, consisting of two ounces of brandy and twenty minims of tincture of opium, in half a pint of gruel, to be given at once, and repeated in an hour's time if not better, then every two hours during the night; flannels wrung out of hot water to be kept constantly applied to abdomen.

Jan. 6th.—Decidedly better this morning; skin warm; not much pain except on pressure over stomach; pulse improved. At midday the skin was comfortably warm; countenance less anxious; pulse much better. To give small quantities of milk by mouth and watch effects: if it produced vomiting, or any increase of pain, to drop it at once, and depend entirely on injections.—Evening: Has taken milk, some of it boiled with finely crumbed bread, without any discomfort. To have an injection of eggs, brandy, milk, and opium to-night. Bowels acted once to-day; motion described as being red, but not so red as yesterday, when they appeared to contain blood; none of the injections were returned last night.

7th.—Morning: Worse; pulse smaller and quicker, and abdomen painful and tender to touch; has been vomiting during the night. To apply small mustard poultice to pit of stomach, and hot flannels to abdomen, and to return to injections as before; nothing to be given or taken by mouth. Afternoon: Pulse still small and quick, but pain and tenderness less than in the morning; subacute asthenic peritonitis. Continue same treatment.

8th.—Pulse better in quality; very little pain or tenderness; no vomiting since yesterday morning; complains of pain in head, probably due to opium in injections; bowels not acted for two days.

9th.—Pulse weaker; complains piteously of hunger; no pain or tenderness; injections all retained. Drop opium, on account of pain in head.

10th.—Doing well; pulse 100, full and soft, but compressible; countenance good; neuralgic pain in head (brain generally); bowels not acted since the 6th; micturition painful, and urine concentrated. Inject half a pint of beef-tea six times a day, with brandy as indicated.

11th.—Bowels acted yesterday evening, a large quantity coming away. Has been much weaker since, and seems in danger of sinking; pulse also weaker. As the stomach has had perfect quiet for six days, and she appears in considerable danger of dying of starvation, a tablespoonful of strong beef-tea to be given by mouth every quarter of an hour, and enemata, containing brandy, occasionally, the feeding by mouth to be discontinued immediately if vomiting or pain should return.

12th.—Much better; feels stronger; pulse 86, fair volume, and soft. Bowels open once this morning; motion rather redder than natural. Does not feel so hungry; pain in the head at night still; looks much thinner than she did a week ago. Discontinue enemata altogether, and go on with beef-tea every quarter of an hour.

13th.—Wants to get up. No pain in stomach or bowels. To have one ounce of beef-tea every half-hour now.

14th.—Doing well. To take three tablespoonfuls of beef-tea every hour, and, if she feels hungry, another in the interval. Bowels acted naturally this morning. Will recover with care.

15th.—Doing splendidly. Complains of her husband carrying out orders too strictly; she feels hungry, and he wont give her more than the allowance of three or four tablespoonfuls every hour. Bowels acted this morning.

16th.—Doing first-rate; pulse still 86, which is sufficiently accounted for by her weak condition. To take a small teacupful of beef-tea or mutton-broth every hour or two.

17th.—Complains of pain in bottom of bowels, which is worse when she makes water (urine full of lithates), and appears to run from the bladder along the ureters to the kidneys; pain not continual. No vomiting, or pain in stomach; but eructates a good deal of flatus. Bowels acted twice. She attributes the pain to the mutton-broth; therefore discontinue it.

18th.—Pain better; always begins in the region of the bladder, runs up the side in stitches, and across the back; is worse when she moves, as turning on side. Urine scalds, and is thick; better since applying linseed poultice (ordered this morning); bowels open once. To sit in warm water twice a day for ten minutes, and keep poultice over bladder during rest of day and night, and take milk and beef-tea alternately. Query: Is the beef-tea the cause of this discomfort, through producing an excess of urates in the urine, and so irritating the bladder?

19th.—Pain the same; micturates frequently; urine full of lithates. Give only one-third the quantity of beef-tea, and substitute milk for the rest.

20th.—Much better; not half so much pain, and none on micturition; urine still thick; bowels open twice yesterday; stomach flatulent. Allowed arrowroot in milk now.

21st.—Doing well; bowels regular; lithates in urine still.

22nd.—Good; no pain, except in head last night; stomach occasionally flatulent, partly from kind of food, and partly from debility. Corn-flour and arrowroot to be given in milk, and beef-tea omitted.

24th.—Doing first-rate; no pain, beyond a little in head now and then, and the slightest amount occasionally during micturition; urine rather red and thick; bowels regular. To take bread-and-milk and boiled chicken.

28th.—Cheerful and comfortable; urine healthy, and bowels regular; no pain anywhere, except occasional uneasiness across the bowels (probably rheumatic). Takes different kinds of food without the slightest discomfort. To take anything she likes, with the exception of cheese and strong tea without milk, and to be careful not to overload the stomach.

Feb. 4th.—Feels well, but complains sometimes of slight "burning" in lower part of œsophagus. Ordered bismuth (twenty minims of the liquor), in a solution of chlorate of potash (about seven grains in half an ounce), three times daily.

11th.—Burning sensation in œsophagus gone. To take three grains of citrate of iron and quinine, in weak chlorate solution, twice or thrice daily, until she is strong.

March 4th.—Came up to surgery this morning, and reported herself as quite well, with the exception of a little irregularity in menstruation.

Remarks.—There can be no doubt, I think, that actual perforation did take place in this case, although the progress of it shows that the opening must have been small. The effect of the milk given the second day, Jan. 6th, confirmed the diagnosis; and that effect not being immediately produced pointed to the hole not being a large one, and to the possibility of its being situated on the anterior surface of the stomach. The irritation of the urinary apparatus, produced probably by the great excess of lithates in the urine, is interesting physiologically, inasmuch as the most reasonable explanation of it appears to be, that an abnormal quantity of uric acid was formed through her being fed entirely on beef-tea. The complete success of the treatment adopted leads me to hope that recoveries from perforation of the stomach may, if the peritonitis consequent upon it can be subdued, be less rare than has hitherto been the rule.

Rhymney, March, 1870.

ON THE

USE OF CHLORIDE OF AMMONIUM IN THE TREATMENT OF SUPPURATIVE HEPATITIS AND CHRONIC AFFECTIONS OF THE LIVER.

BY W. STEWART, M.D.,

SURGEON 2ND BATT. 21ST R.N.B. FUSILIERS.

IN bringing to the notice of the profession a valuable but much neglected remedy in the treatment of suppurative hepatitis, it is not my intention to speak *in extenso* of the etiology, symptoms, and pathology of the disease as observed in India. Valuable information on all these points can be gleaned from the usual text-books of diseases of tropical climates, of which Morehead's "Researches on Diseases in India" is, perhaps, one of the best. In the treatment of suppurative hepatitis by means of chloride of ammonium, I desire to observe that I lay no claim to the discovery of a new remedy for that disease. Chloride of ammonium has been for a long time used by the Germans, in frequently repeated small doses, in hepatitis; and both the Germans and French esteem it a valuable remedy in many diseases in which we either employ mercury or other alterative deobstruents. Morehead, in his Researches, states that he has no experience of the remedy; but says, "the Indian practitioner will do well to try it." Dr. Clement Williams, now of Rangoon, formerly assistant-surgeon 68th Light Infantry, and first political agent at Mandalay, informed me that, when in his regiment, he was in the habit of using the chloride of ammonium in hepatic affections, with the best results.

Hepatitis is a disease which causes a large amount of sickness, invaliding, and mortality among the troops serving in India; and it is this consideration of its importance, especially to the Indian practitioner, which induces me, without further and more complete investigation, to record my experience of the therapeutic action of the chloride of ammonium in the few cases in which I have had an opportunity of employing it. Should a more extended trial in other hands and in other parts of India, under a variety of climates and circumstances, contribute on the whole to like favourable results, the much dreaded suppurative hepatitis may be as effectually controlled and cured as its twin associate dysentery by the reintroduction of the ipecacuanha treatment in large doses, thanks to the labours of a few army medical officers.

Before proceeding to the cases which I am about to give, it will be necessary to make some brief remarks on the disease and its treatment, for the better explaining the action of the chloride of ammonium, the stage of the disease in which it is applicable, and the points to be observed in its administration. And here I may be permitted to make a digression for the purpose of remarking as briefly as possible on Dr. Blanc's paper in THE LANCET of July 17th, 1869, entitled "Abscess of the Liver; a new treatment employed successfully in four cases." Mr. Gray's communication in THE LANCET of May 1st, 1869, "On Tropical Diseases," will also claim some attention. And, first, as to the new mode of treatment of hepatic abscess employed by Dr. Blanc, let us see how it exemplifies the truth of the proverb, "There is no new thing under the sun." That abscesses of the liver, like those of more superficial origin, may be absorbed under the application of caustic, was long ago discovered by accident by Dr. Dick, as will appear from the following:—"Dr. Dick told Mr. Abernethy and Sir Charles Bell that in his practice in India, having under his care a case of abscess of the liver pointing outwards, he wished to open it gradually, and for this purpose had applied caustic; but, instead of finding that he attained in any degree his object of opening the abscess, he soon discovered that it was lessening, and that its walls had become much thickened—in short, the matter was absorbed, and the patient restored to health." Other cases of similar success followed, and he was thus led to consider severe counter-irritation as a most advantageous means of producing the absorption of matter.* Now, I wish it to be understood that the above observations are not meant in any way to derogate from the merit of Dr. Blanc's discovery, who informs us that he was led to the employment of the same means, not by any chance treatment, but by the natural deduction from certain well-observed pathological facts, and direct experimentation on diseases which have a close connexion with hepatic abscess. It is worthy of note that the Hakeems of India are said to employ the actual cautery for the purpose of causing absorption of hepatic abscesses. But, after all, it is with its curative agency that we are chiefly concerned, and truly in this formidable disease no means should be neglected that can be shown to be efficacious without risk of further injury to the depressed and frequently cachectic constitution of the sufferer. It is, therefore, to be regretted that of the four cases given by Dr. Blanc, three were instances of abscesses opening through the lungs, and of which nature, with very little aid from art, in tolerably good constitutions, is often alone equal to the cure. If in the fourth case the "issues" had all the honour of the cure, as supposed, it must have been but slight, as the patient was in hospital (from their commencement) under treatment for a period of 116 days, during which other remedies were used of reputed efficacy in promoting absorption of pus. In three of the cases the pus made its way, sometimes in large quantities, and in many successive days, through the lungs. The abscesses then, it may reasonably be presumed, were cured by *discharge* of their contents, and not by *absorption*; in fact, it is fair to suppose that in abscess of the liver contraction and filling up of the cavity of the sac by granulation ensues on the matter having a free and favourable outlet, just as in the case of an ordinary abscess in more superficial parts.

During my service in India I have seen, both in my own practice and that of others, many cases of this disease; and under the ordinary restorative and expectant treatment, where the abscesses burst through the right lung, I have noted several recoveries; but where the abscess discharged in other directions, as into the transverse colon, stomach, &c., or externally through the parietes of the thorax or abdomen—whether naturally or by artificial opening—I have not met with a favourable termination. Judging from experience, then, I should say that prognosis is favourable in uncomplicated cases, when the abscess makes its way through the lung. In such cases the abscess occupies the upper or convex portion of the liver, near the suspensory ligament, adhesive inflammation occurs on its outer surface, the diaphragm forms a part of the sac, and its substance is gradually removed by progressive absorption. If at the same time adhesion take place between the diaphragmatic and pulmonary pleura, the abscess will open into the parenchyma of the lung, and be discharged more or less completely by expectoration. In such cases the matter may escape by a small opening directly into a bronchial tube, or filter through immeasurably small orifices into the air-cells; and the process of filtration and aspiration, if I may so express it, following on the respiratory acts, may be the reason why such abscesses do not take on unhealthy action—ordinary atmospheric air carrying "septic germs" being excluded,—the products of respiration alone taking the

* Treatise on Disease of the Liver, by G. H. Bell,

place of the expectorated matter, and being continually renewed by the same process.

Mr. Gray, in his paper above alluded to, is very hard on the practitioners of old, who phlebotomised and practised antiphlogosis with an unsparing hand. But, I may ask, may there not have been more reason formerly for an antiphlogistic treatment in the acute stage of tropical disease than is at first sight apparent?

The chances are that neither has the absolute type of disease changed, nor has the constitution of the human race so far altered; but by the gradual adoption and extension of the principles of sanitary science, disease has not only been largely prevented, but the severity of its type much mitigated. For instance: formerly, when our Indian army was smaller, and recruits were obtained in larger numbers from the agricultural labouring classes, let us see the circumstances under which the soldier served in India; and it may not excite surprise if the type of disease then met with was somewhat different from what we are accustomed to see at the present time. Formerly it was nothing unusual for the "young, full-blooded recruit" just landed in the plains of India, to be sent to drill in the sun three times a day, in a head-dress and clothing suited only for a cold or temperate climate. A general officer dies; his funeral is ordered to take place at noon; the burying-place is a mile or two distant from the station; the troops are marched thence in slow time, and back to barracks; a few men drop dead on the day of the funeral, and for some days afterwards the fever cases (severe ardent fever) are augmented considerably. A forced march is made in the hot season (a cruel thing, because quite unnecessary, be it observed); the day closes with a sick-list of 83, with 18 deaths, out of the right wing alone, and the serious illness of the medical officer. Both the sickness and the deaths are confined to the recruits, and none of the natives are taken ill during the trip.

That the above are not imaginary pictures may be seen by reference to the text-book which, according to Mr. Gray, every young assistant-surgeon is supposed to carry in his portmanteau. That antiphlogistic treatment under such circumstances was oftentimes indicated is not surprising; but the prophylactic for the above, and disease caused by similar recklessness and ignorance of the most simple hygienic laws, had not as yet been discovered. Preventive medicine, now acknowledged and practically enforced, has at length swept away the violent diseases and their heroic remedies, reckless commanders and all, into one common limbo, from which it is to be hoped they will never again emerge. The soldier is not now landed in India in the midst of the hot weather; a suitable helmet protects his head from the powerful influence of an Indian sun; his clothing is in most respects adapted to the climate; and his duties, exercises, parades, marches, &c., are so arranged, and performed at such times and seasons, as to be as little injurious to health as military duties will allow. As a consequence, the diseases of India have assumed more and more the adynamic type, having their origin chiefly in slow and gradual deterioration of health from more or less extended residence in a climate where high atmospheric temperature, malaria, and frequently intemperance in the case of the soldier, conspire to undermine the European constitution.

(To be concluded.)

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 6TH, 1870.

DR. GRAILY HEWITT, PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected Fellows of the Society:—F. S. Atkinson, M.D., Bessborough-gardens; John Bately, M.R.C.S., Great Yarmouth; David C. Burdett, M.R.C.S., Ontario, Canada; John B. Butler, M.D., Woolwich; William Saul, M.D., Charlotte-street, Fitzroy-square; Arthur Taylor, M.B., Kennington-park-road.

Dr. MADGE exhibited an Umbilical Cord, which had prolapsed in the course of labour, and on the prolapsed portion of which a curious and complicated knot was found.

Dr. HEYWOOD SMITH showed a cast of a Fœtal Head which had been delivered by cephalotripsy.

Dr. MEADOWS showed a new form of Speculum invented by him, which was a modification of one he had formerly exhibited.

The PRESIDENT narrated the particulars of a remarkable case of True Hydatids, expelled from the uterus of a patient under his care, in which the nature of the cysts had been demonstrated by careful microscopic examination.

Dr. ROUTH read a paper on "Fundal Endometritis." After referring to three papers formerly read to the Society by Drs. Tilt and Meadows, and the President, on Gooch's irritable uterus, and showing how the three authors differed in their views, he stated that the disease in most of these cases was inflammation of the lining membrane of the fundus, and not flexions, or merely uterine congestions or inflammations. Dr. Routh then proceeded to explain Dr. Snow Beck's anatomical arrangement of the nerves of the uterus, showing that the fundus was supplied by a distinct set of nerves, in direct relation with the semilunar ganglia, and showed how their arrangement explained the radiations of pain. He then pointed out the gravity of fundal endometritis, as compared to affections of the cervix, and specified the symptoms. After a short reference to the microscopical character of the discharge, he stated that there were four varieties of the disease which he had observed. 1. The convulsive form, in which the fundal pain, passing down one of the thighs, increased by passing the sound, &c., was accompanied by a variety of convulsive seizures, such as spasmodic vomitings, tetanus, hysterical fits with or without mania, up to epileptoid fits and catalepsy; the symptoms persisting for some time until the catamenial function was fully established, or flooding occurred. 2. Inflammation of the fundal membrane with increased secretion, accumulation of this in the cavity from obstruction at the inner os, giving rise to symptoms of pregnancy or even labour, with intense fundal pain, all relieved by a sudden gush of discharge, persisting for months, and often recurring. 3. Chronic cases of Gooch's irritable uterus, with more or less complete loss of the power of walking. Here, also, the inflammation of the fundus was unmistakable. 4. Cases of acute fundal endometritis, which sometimes rapidly passed into metro-peritonitis, generally fatal, although sometimes assuming a more chronic type. Cases of all these varieties were given, and the treatment of each was passed in review, being mainly local depletion by leeches, blisters, and occasionally dilatation by sponge tents, use of the hysterotome, anodynes, and measures locally antiphlogistic and calculated to produce a copious catamenial flow.

Mr. GASKOIN was particularly struck with that part of Dr. Routh's paper which referred to coxalgia as a symptom of endometritis, and related the particulars of a case he had observed in which it had been well marked.

Dr. TILT strongly contested Dr. Routh's claim to originality in describing this disease; and said that he himself had devoted no less than seven chapters to it in his work "On Uterine Inflammations." Dr. Tilt agreed with Dr. Routh as to the frequency and importance of endometritis; and said that it was generally confounded with inflammation of the cervix. He (Dr. Tilt) thought that, for all practical purposes, it was sufficient to divide the disease into acute, subacute, and chronic. He had found acute endometritis to be very rare; and his worst cases had occurred in young unmarried women. He considered a sudden gush of fluid, after sharp uterine pain, to be the best sign of subacute or chronic endometritis; and that when the gentlest pressure of the finger on the enlarged fundus gave exquisite pain, the wall of the womb should be considered diseased as well as the lining membrane. Dr. Tilt was convinced that many cases of subacute or chronic endometritis were best cured by the leeches, injections, &c., adopted to cure the coinciding inflammation of the cervix. The next indication was to secure free exit of the discharge, which would permit the safe injection into the uterus of a solution of nitrate of silver or tincture of iodine in cases that would not otherwise get well.

Dr. GERVIS was hardly prepared at once to accept the classification proposed by Dr. Routh. The differences, for example, between the two varieties of fundal endometritis, termed convulsive and obstructive, appeared to depend on

circumstances accidental rather than essential. The local disease in each case was the same; but occurring in the one in an individual of highly susceptible nervous system, it induced various nervous disorders; while in the other, owing to a closure of the internal os, the fluid products of the endometritis accumulated in the uterine cavity, and gave rise to those symptoms so ably described by the author of the paper. But it could hardly be said that it was the metritis which was either convulsive or obstructive. With respect to the tendency of acute metritis to become associated with pelvi-peritonitis, and on the extreme gravity of the symptoms, Dr. Gervis could fully corroborate Dr. Routh, and mentioned the particulars of a case of recent occurrence which bore out the author's views.

Dr. ROGERS had observed, with Dr. Routh, some of the cases narrated, and believed that there was reliable evidence for Dr. Routh's conclusions, which he thought explained the symptoms of many otherwise inexplicable cases.

Dr. ROUTH said that Dr. Tilt, in his work, had not distinguished between general endometritis and inflammation confined to the fundus, to which he (Dr. Routh) limited his four varieties of the disease. With regard to Dr. Gervis's observations, he said that it was true the first and second varieties were only modifications of the same disease, but in different phases, just as the endo-pericarditis and rheumatic ophthalmia were modifications of the same disease, but had different symptoms, and required different treatment. The first three varieties were seldom fatal, so that post-mortem examinations could not be had. The fourth variety was so; but, as an accoucheur, he felt strongly that he ought not to make post-mortem examinations of peritonitic cases, and so he had not asked for them in the cases he had met with.

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Special Meeting.

ROYAL COLLEGE OF SURGEONS.

FRIDAY, APRIL 29TH.

THE Council met to-day at one o'clock, the President, Dr. Paget, in the chair. At the commencement of the sitting the Council resolved to deliberate for an hour in private, and for this purpose resolved itself into a Committee, when the reporters were requested to withdraw. At a quarter to three the private deliberations were brought to a close, and the members of the press were re-admitted.

Dr. PARKES said: Sir, I yesterday moved for the appointment of a Committee to confer with Lord De Grey, to ascertain whether the principle of Clause 13 [the granting of licences by the three examining boards] was to be considered vital and unalterable. I moved for the Committee because I saw that unless this point was decided the time of the Council would be lost in debating things which might be inadmissible. It was not, however, thought desirable to appoint the Committee. Having an opportunity of seeing Mr. Simon, I requested him yesterday to ascertain, if possible, what was the opinion of Lord De Grey with regard to the clause. I have received a communication from him, which he allows me to communicate to the Council, stating that Lord De Grey considers Clause 13 quite fundamental in his Bill, and that he would not attempt any amendment in the Medical Act on any different basis from that contained in that special clause. It is important that the Council should be aware of this fact, with a view of at once proceeding to consider whether or not it will accept the principle contained in the clause.

Dr. STORRAR.—After the communication made by Dr. Parkes, I think we cannot proceed too soon to arrive at a conclusion as to the course which we think it expedient to take in regard to the declaration that has been made by the Lord President of the Council. I shall therefore simply propose the following resolution: "That the Council accepts the principle of Clauses 3 and 13 of the proposed Bill." I read Clause 13: "Each medical examining board shall licence every person who passes the examination of the board in medicine and surgery, and not any other person, to practise in medicine and surgery; and the person so Clause 3 was carefully considered yesterday. I will now licensed shall be called a licentiate in medicine and surgery, and shall be entitled to be registered under the principal Act." I feel that any words addressed to you, in proposing this resolution, would be really utterly uncalled for, because I must assume that every member of the Council has already studied with some care the principles of this Bill. You will observe that I have framed my short resolution in this way that we accept the *principle* of the clauses, it being understood that we accept the principle of a common licence, and that we may suggest certain modifications in detail of which we have heard the possibility of acceptance in the course of the conversation which has occurred while the reporters have been out of the room.

Dr. PARKES.—I beg to second the motion, but I will reserve my speech.

Dr. ALEX. WOOD.—May I be allowed to ask a question? There is a difference between the expressions in the two Clauses 3 and 13. The understanding at which we arrived yesterday was that, in Clauses 3 and 13, the result of the successful passing of the examination of the conjoint board is communicated in the form of a licence to be given to the candidate. Now, we do not know in what way this was explained to Lord De Grey, and it is quite possible that he is unaware of our peculiar objection to the approval of the board being given in the shape of a licence. It is possible that Lord De Grey might be perfectly satisfied if he understood that the passing of this board was to be preliminary to getting upon the Register. I cannot conceive that it can make any great difference to the Government, if they secure that no man is put upon the Register without passing this board, whether the certificate of the board is called a licence or not; whereas it is everything to the corporations, because the title of licentiate is that which the corporations have been in the habit of granting. Now we are asked to affirm a resolution which is cutting at the root of all that we did yesterday upon a mere note like that which Dr. Parkes has submitted from Mr. Simon. I should like to know what it is that Lord De Grey insists upon. Either we must have more direct communication with Lord De Grey, and be able ourselves to put things in the form in which we see them, or we must go on doing what we think to be right in regard to the Bill, irrespective of the determination of Lord De Grey and the Government. It is impossible that we can one day arrive at a determination by a large majority, and the next day be asked to arrive at an opposite conclusion, simply because Mr. Simon has written a note to say that Lord De Grey will not yield.

Mr. HAWKINS.—As I moved the resolution yesterday to which this is antagonistic, I may take the liberty of saying in public that I did this because the clause seemed yesterday to be passing without any consideration at all, and the Registrar was proceeding to read the next clause. As it was so completely contrary to the resolution of the Council passed in February last, I thought it desirable that the Council should have an opportunity of reconsidering the resolution of February in conjunction with the clause proposed by the Government. Not that I considered it absolutely necessary that, if no Bill could be passed without that clause, we should not accept it. I felt it would be of very great importance to the universities, and I still think so, and I desired, therefore, that attention should be drawn to it. But I am so desirous of diminishing the number of the present examining boards, and establishing a more equal and uniform method, that if it is made a *sine qua non* by Government that a licence should be given to those who have passed the examination of the new board, I should be willing to let my resolution of yesterday be contradicted, and let the Bill pass, even with that which I do not think desirable, rather than not have anything at all.

Sir D. CORRIGAN.—I should have felt great delicacy in alluding to Mr. Simon's name in the course of this debate, were it not that a letter has been presented from him today, in which he represents himself as authorised to speak for Lord De Grey. That letter, Sir, is not addressed to you, but it is addressed to Dr. Parkes. That letter connects him with what occurred in the private committee to-day; he himself under his own hand connects himself with the sub-

ject we have been debating, so that there is no necessity for abstaining from the mention of his name. The course of proceedings that we are called upon to adopt is, I think, the most extraordinary that has ever occurred in the history of councils or debating societies. We first resolve ourselves into a private committee, and then, in consequence of communications with Mr. Simon, Dr. Storrar brings forward a resolution that, in consequence of conversations that occurred when the reporters were excluded—

DR. STORRAR.—No, not in consequence.

Sir D. CORRIGAN.—Yes, those were your words. Dr. Storrar said that he brought forward this resolution in consequence of conversations that occurred here when the reporters were excluded. Thus we put ourselves in this disagreeable position: we are ashamed to give to the public the reasons that induced us now to upset all our proceedings, and to reverse our vote of yesterday. (No, no.) Well, if we were not ashamed, why were the reporters turned out? Why are we guided by the private conversations of four members of this Council with Mr. Simon? for that is the ground on which we are called upon to reverse our proceedings; there is no use disguising it. There is a clause in the Bill—one of the most monstrous and tyrannical clauses or provisions that I ever read—stating that the Lord President of the Council might at any time, without any communication with the Council at large, receive the representations of any three members of this body. Now it happens that in the conversation that occurred yesterday there were four members present; they were not a *triumvirate*. What shall we call them? A quatuorumvirate. (Laughter.) That is, we are to hand over to three or four gentlemen of this Council in communication with Mr. Simon, without any official communication to our President, our privileges and our rights to consider the Bill. That is the position in which it is proposed that we shall now be placed. Without stating our reasons, we hold here a private committee, and then, in consequence of a private communication, or communications partly of a private nature, we are called upon to take this step, and we are ashamed to state to our constituencies, or the bodies that we represent, what has induced us to depart from the principle we had previously adopted, and from our determination to consider this Bill clause by clause. Why were we brought here, at great inconvenience, from different parts of the kingdom? After a well-considered resolution of February last, we are brought here to consider the Bill clause by clause, and on the second day of our meeting the whole of the arrangement is proposed to be upset, and it is gravely suggested that, in consequence of conversations that occurred in the afternoon of yesterday—I suppose after dinner amongst four gentlemen—we should reverse all our proceedings, at the same time concealing from the profession and the public the reasons that induce us to take this strange course. On a point of order I could object to Dr. Storrar's resolution, but I do not wish to take up the time of the Council upon it. We have already passed a resolution that we should go through the clauses of the Bill *seriatim*. Dr. Storrar's resolution is, that we shall jump over the clauses from 3 to 13. It seems to me that in point of order such a resolution ought not to be received. It has been held out as a threat to us that if we do not accept this Bill no such Bill will be brought forward this session or next session. Now, I think, instead of that being an evil, it would be the best thing that could possibly occur. (Laughter.) It is said that we shall get a worse Bill. I defy anyone to draw up a worse Bill than that which destroys the rights of our corporations, and makes a minimum qualification—the lowest that can possibly be devised—entitle a man to hold the highest office under the crown. We have been told that Lord De Grey has said so and so, and that Mr. Simon has been authorised to say so and so. One gentleman said that Lord De Grey would not receive us; another said that he would. Now, we have not to deal with flying words that pass about in this way, but with the Bill which is absolutely before us. Dr. Andrew Wood stated—and there was not a dissentient voice—that the Bill now proposed is opposite to what we expected from the Government, and yet we are called upon to accept it in consequence of conversations amongst three or four gentlemen, without any reasons being given to the public or to the profession, or to the bodies we represent. I say there never was a more humiliating position for any Council to be placed in. Gentlemen have said—on what authority I know not—that Mr. Simon has the sanction of the Government in the proceedings which he has taken. I can tell you, on just as good authority, that that is not the fact, and that the Government has not taken up Mr. Simon's views. I put my assertion against the others, and until there is documentary proof I will stand by what I have said, that the Government have not adopted Mr. Simon's views. It has been stated that Mr. Simon is more authorised than anybody else to state the views of the Government. That is hearsay. I distinctly state to you, on as good authority, that he is no more authorised than anybody else, and, what is more, that he is not so much authorised as other persons are. The communication made to us in the private committee was that we were not to go into criticisms with regard to the Bill. (No, no.) That we were not to go into minute criticisms, into the details of the measure. And yet a resolution is proposed absolutely binding you to two most important details of the Bill. It is neither more nor less than proposing that we shall tie our hands together and utterly destroy our independence. As Dr. Christison correctly said, it is putting in the thin edge of the wedge, and the result must be the destruction of the various chartered rights of our universities, and the degradation of the profession to the lowest level to which it can be reduced.

Dr. CHRISTISON.—I never said a single word about the thin edge of the wedge.

Dr. ALEX. WOOD.—I put the wedge in; Dr. Christison drove it home. (Laughter.)

Sir D. CORRIGAN.—It has been stated here that Mr. Simon said he knew what Lord De Grey would do, what the House of Lords would do, and what the House of Commons would do. Now, with the greatest respect to Mr. Simon, no man can tell what another man may do to-morrow, and least of all, under the British Constitution, can he presume to say what the House of Commons or the House of Lords will do. We are now called upon to sacrifice our independence because Mr. Simon says that the Government have expressed a wish to carry these particular points. I should be glad to know if that principle was adopted with regard to the Reform Bill. If it were said by the Government, "We will only give you such a measure of reform," would any man be so cowardly as to say, "I will take what you offer"? Yet we are going upon that principle. The very shadow of the Government, or rather of the man who says he speaks for the Government, is to frighten us out of our independence, and we are to bow our heads and take anything we can get. That is not the course for British subjects to follow. Are we such a set of cowards as to come forward and say that we will bow to anything in the shape of Government? I say, if we think the Bill is objectionable, our duty is, backed by the profession and the public, to oppose it. That should be our course, instead of placing ourselves in the humiliating position of having a private meeting at which private conversations are detailed as to the views of Government, and then, like a set of cowards who are afraid to state the reasons on which they vote, say: "We will vote in such and such a way; but we will not let the public or the profession know why we do so." We have not the intentions of the Government before us in an official form; we have merely private conversations narrated in a private committee, and, in consequence, we are asked to stultify ourselves, and abandon the very purpose for which we met. For these reasons I object *in toto* to Dr. Storrar's resolution.

The PRESIDENT.—I conceive that the resolution is perfectly in order. It is true that yesterday the Council came to a resolution to consider this Bill clause by clause, but that was no more than a resolution of this Council, which can of course be rescinded by any fresh resolution. It is in the power of the Council to deviate from a resolution of its own. This resolution will no doubt substantially negative one of the most important resolutions of yesterday.

Dr. ALEX. WOOD.—You declared, Sir, from the chair yesterday that the time for passing amendments on that resolution was over, and upon that we came to a vote. Now we have before us what in point of fact is an amendment on that resolution. I ask how is business to be conducted with such glaring irregularities as that?

Mr. HARGRAVE said he was ridiculed when he suggested some time ago that a private Member of Parliament should

be requested to bring in a Medical Bill, and it was stated that such a measure ought to be brought forward by no one less than a Minister of the Crown. What was the cause of the present "reform"? Not the Medical Council, the members of which were distinguished for their energy and skill, and the thoroughness with which they accomplished the work in which they were engaged. The cause of the whole mischief rested with the universities and corporations, and their reluctance to comply with the recommendations of the Council. There was one university in particular that continually refused to adopt those recommendations with regard to preliminary education. ("Name, name.") That body was the Queen's University in Ireland, and he would tell the Council why that University acted in the way he had mentioned. It was said that the President of the University was Lord Clarendon, but he believed that that nobleman never attended any of the meetings. There was a power in the University behind the Senate, and that power was greater than the Senate itself. ("Name.") He would give no name; he would merely say that that power had kept the Council in hot water with regard to the question of preliminary education. He did not agree with the statement of Dr. Alex. Wood that the Government was putting its heel on the Council and on the profession. He thought the Lord President of the Privy Council was disposed to give them every assistance. He did not fear for the corporations, and he could not understand why they should oppose the Government as they did. He was afraid that the result would be an agitation throughout the country that would bring them all to grief and sorrow.

Dr. CHRISTISON.—Sir D. Corrigan has stated that we have been considering this measure in private, and that we are now prepared to carry through a resolution, concealing our grounds or reasons for it. (Hear, hear.) Now, I beg to say that that is not a correct statement of the transactions of this body which have passed or of those in which we are now engaged. I apprehend that it is in the power of every deliberative body to retire within itself for private consultation in regard either to its course of procedure or its deliberations. The resolution that the Council came to was passed in order that members might freely express their opinions in the first instance, and to put matters into a proper shape. I apprehend that that is a privilege possessed by every deliberative body, and I have frequently seen it exercised. With regard to the reason for passing the motion before us, I have simply to state that my reason is, that I can now see, which I could not formerly, a way, in the future proceedings of this body, by which to get rid of the difficulty arising from the fear entertained as to the damage to be done to the universities and corporations. That is my reason for supporting this resolution, from which formerly I should have dissented. I now see a way to adopt the proposed scheme, so as to secure the interests of the corporations and universities.

Dr. APJOHN regretted that Mr. Hawkins had changed his mind since the previous day, and that it was now his wish to give up everything to the Government, and accept whatever it might choose to give. The letter referred to by Dr. Parkes appeared to him (Dr. Apjohn) to be at variance with the statement made by Dr. Christison, that the Government would be prepared to make such modifications in the measure as would protect the institutions. If the principle of Clause 13 were adopted (upon which the Government insisted) the institutions would, he believed, be utterly ruined. The body he represented (Trinity College) had issued last year 71 medical degrees, and every holder was a Bachelor of Arts as well as a Bachelor of Medicine, and under the Bill he believed that number would be reduced to one-fourth. It was impossible that the colleges could co-operate in the passing of a Bill containing such a clause. The Bill would give a great discouragement to education in arts, which Sir Benjamin Brodie had declared was more important even than professional education. Under these circumstances, and not being willing to rely on vague impressions of conversations with Mr. Simon, he should oppose the motion.

Dr. PARKES.—This Council is not proceeding upon any conversation at all, but upon a definite statement by Mr. Simon and Lord De Grey. That statement came through me in consequence of my having addressed a question yesterday to Mr. Simon. There was no reason for referring, and indeed when we had this letter it would have been exceedingly improper to refer, to any previous conversations. This whole question is surely in a nutshell. It has been stated over and over again that this principle must be accepted, or the Bill will drop; and all that the Council has to decide is whether the acceptance of the Bill with that principle is not better than throwing the whole subject into chaos, as it must certainly be thrown if the Bill is not accepted. I trust that the "power" which is behind the Queen's University, which I suppose is exactly facing Mr. Hargrave (laughter) [Sir D. Corrigan and Mr. Hargrave were sitting *vis-à-vis*] will be anything but powerful in this Council, and that we shall show that we are not influenced by what I cannot but call mere declamation. I will merely further remark that, supposing the principle of this clause to be carried, then I do not think there is anything else in the Bill which will not be altered to meet the views, so long as they are proper views, of the Council, and that the future proceedings in the matter will be of a very simple nature. I trust, therefore, that the Council, under the circumstances, will be prepared to vote for Dr. Storrar's motion, in the full conviction that it is adopting not only the best course, but really the only practical course which is now open to it.

Sir D. CORRIGAN.—I think I am entitled to one word of explanation. I really never supposed that I could be alluded to as a person of such power or influence in the Queen's University, were it not that Dr. Parkes has said that the "power" behind the Senate was exactly facing Mr. Hargrave. Now, I could not be behind the Senate, for I happen to be one of the Senate. And as regards the Queen's University not complying with the regulations of this Council as to general knowledge, I will simply say that, in one communication from that body, it is stated that one reason is that the knowledge required from the students of the Queen's University is far beyond that required by the Council; and that has never been replied to. Your recommendation is that Greek shall not form part of the general knowledge required; and that is a recommendation we cannot comply with.

The PRESIDENT asked Dr. Storrar if he wished to reply.

Dr. STORRAR replied that he did not.

The motion was then put to the Council, and the votes were—For, 15; against, 5. The motion was accordingly declared carried. The members voting for the motion were—Dr. Bennett, Mr. Hawkins, Dr. Acland, Dr. Humphry, Dr. Embleton, Dr. Storrar, Dr. Andrew Wood, Dr. Fleming, Dr. Macrobin, Dr. Thomson, Mr. Hargrave, Dr. Leet, Dr. Sharpey, Dr. Parkes, and Dr. Christison. Those voting against the motion were—Dr. Alex. Wood, Dr. Smith, Dr. Apjohn, Sir D. Corrigan, and Dr. Stokes. Declined to vote—The President and Mr. Cooper.

Dr. STOKES asked whether, the motion having been carried, the Council was pledged to accept all the details of the Bill.

Dr. ANDREW WOOD.—Certainly not.

Dr. BENNETT moved the following resolution: "That it is desirable, when considering the formation and scope of the schemes contemplated by the Bill, that due care should be taken, whilst maintaining the principle of Clauses 3 and 13, that, in granting the licence to those who shall have passed the new conjoint board, provision should be made for securing, as far as possible, the co-operation of the medical authorities." His object, he said, in moving the resolution, was to show that, while the Council accepted the principle of Clauses 3 and 13, it contemplated making such arrangements as might be possible, consistently with the rest of the Bill, as should afford the existing medical authorities an opportunity, not only of taking part in the examinations, but of granting their licences at the same time that the licence was granted by the new board. The licence granted by the new board would be absolutely necessary in order to obtain a place upon the Register; the others would not be absolutely necessary unless they made some such arrangement as was contemplated by the motion. It would be seen that under the proposed scheme there was a possibility of making the licences of the Colleges a necessary preliminary to passing the conjoint board of examination; at all events, there was an opportunity of so arranging matters that those who passed the board and obtained a licence should be affiliated with one or other of the existing authorities, whose prestige and relation to the profession would be thus *pro tanto* secured. That, he thought, would

diminish the feeling of humiliation which some might have at the thought of the medical authorities granting licences as mere preliminaries to something superior. His object was to show that the Council intended, when it came to discuss the scheme, to take into careful consideration the best mode of bringing the existing medical authorities into co-operation with the new conjoint board, and facilitating the affiliation of all who passed the conjoint board with one or other of the existing authorities.

Dr. CHRISTISON seconded the motion.

Sir D. CORRIGAN suggested the omission of the words "while maintaining the principle of Clauses 3 and 13."

Dr. ALEX. WOOD thought the motion a perfectly useless one, and that the proper time to discuss the subject would be when the Council actually proceeded to consider the scheme. But it was not unnatural that Dr. Bennett should have proposed such a motion, because he had gone through the humiliating process—(Oh! oh!)—yes, the humiliating process of exactly contradicting to-day what was deliberately decided upon yesterday. (Hear, hear.) The only altered circumstance was that certain indications had been received from Government of what they were required to do. It was quite natural that those who supported the motion should wish to soften their fall as much as possible; but he (Dr. Alex. Wood), as one who had taken an independent course, was not prepared to allow such confusion to be introduced into the Council. It appeared to him that a Government normal school had been instituted for the members of the Medical Council; it was an evening school (laughter); it was not intended for the whole Council, but for certain good and obedient boys, who went there to be educated up to the necessary point, and then came back and endeavoured to indoctrinate with their new views the other members of the Council. That was a privilege which they no doubt possessed, but it was not a privilege which tended to the maintenance of consistency. If the Medical Council was to maintain its authority and power, it would not be by passing a resolution seriously one day on a consideration of its merits, and reversing it the next day under the influence of Government pressure.

Dr. ANDREW WOOD said he entirely disagreed with Dr. Alex. Wood. He had no hesitation in saying before the reporters what he had said before, that there was nothing humiliating in a body yielding to the force of circumstances which they could not withstand. (Hear, hear.) It was better to bend before the blast than to break; and if the question was asked, "Will you have the Government Bill, or will you have no Bill, and allow the thing to remain *in statibus?*" he would reply that he preferred the Government Bill, and he was not ashamed to say so. There was nothing humiliating in retreating before an enemy when you could not overcome him. He wanted nothing to "soften the fall," and he saw nothing inconsistent in the course which the Council was taking. Mr. Simon's name had been mentioned, and had been, he thought, bandied about rather too freely. Mr. Simon had, no doubt, in the Privy Council, the influence which his ability naturally gave him; but it should not be forgotten that Lord De Grey had thoroughly mastered the subject, and was himself responsible for the Bill, which he brought forward as the Bill, not of any private individual, but of the Government of the country. He had told them (for they were bound to believe Mr. Simon's word) that there would be no legislation if the main principle of the Bill was rejected.

Sir D. CORRIGAN.—So much the better.

Dr. ANDREW WOOD did not agree with Sir Dominic. He could not think that it was a good thing to allow the subject to be continually agitated and unsettled. It was not good for the public or for the profession, or for the corporations and universities, whose existence might be imperiled if they obstinately stood upon their consistency, and who might never get such terms again. They were all obliged sometimes to give way; and many of the opinions which he held twenty years ago he had since been educated to consider wrong. He did not see the necessity of Dr. Bennett's motion. He (Dr. Andrew Wood) thought it could not be received, for it was not thrown upon the Medical Council to deal with the schemes, but upon the medical authorities in the first instance. When the schemes were submitted to the Council by those authorities, it would be time enough to say what they thought about them.

Dr. ACLAND said he took no part in the debate of the previous day; but he voted against Mr. Hawkins's motion, as he deemed it undesirable to attempt any amendment of the clause in question. He therefore was not inconsistent in supporting the motion of Dr. Storrar. He thought that Dr. Bennett's motion came in at the proper place and time. They had agreed to accept the Bill of a friendly and powerful Government; at the same time they were of opinion that the medical and surgical corporations of the country were an advantage to it. (Hear, hear.) He was aware that they had often been represented in a contrary light. He had heard it said by members and fellows of the College of Surgeons that it was a worthless institution. For himself, he believed that it was a great national institution: it housed John Hunter; it educated Owen; and it was one of the centres of science of the kingdom. (Hear hear.) So long as he had a voice on the Council he should do his best to maintain the interests of such bodies; and he thought Dr. Bennett and Dr. Christison had done wisely, after the apparently adverse motion just passed, in insisting upon the expression of an opinion that a way should be found by which the corporations should not be crippled in respect of their funds. He believed that Mr. Simon was a member of the Council of the College of Surgeons; and he could not be ignorant of its interests, or have any other desire than to maintain its useful and national character. These bodies, no doubt, had their faults. The university which he himself represented had its shortcomings; but was it, therefore, to be swept away? The principle of the Government Bill was a right one, and the Government would not depart from it. The question now was whether they could not adopt the principle of the three central examinations without sacrificing the interests of the corporations. (Hear, hear.)

Dr. HUMPHRY said he was utterly unable to understand the motion, which appeared to him to be incompatible with the previous resolution affirming the principle that those who passed the conjoint board should *ipso facto* be entitled to a licence, and that no co-operation of medical authorities was requisite, or indeed possible, for the purpose. As he (Dr. Humphry) was one of the four gentlemen who had been so often alluded to, he might be allowed to say a few words. The Council had been taunted with having reversed the proceedings of yesterday. That could not apply to him, because he not only voted against the resolution then passed, but spoke against it. He felt that the Council was putting itself in direct opposition to that which was obviously the distinct intention of the Government, and that such a resolution was therefore undesirable. But he could not think that the Council had reversed its proceedings, for the gentleman who proposed the resolution did it with the understanding that if it was clearly in opposition to the distinct views of the Government he would not wish it to be adopted; indeed, he said that, rather than lose the Bill altogether, he would assent to the principle of the two clauses. In the meantime they learned that the resolution of yesterday was incompatible with the views of the Government, and accordingly the gentleman who proposed it was willing to withdraw it, and to vote in an opposite manner. The Council could not be said to have reversed its proceedings, or to have placed itself in a humiliating position. The fact was, if four gentlemen belonging to the Council met at dinner, it was quite certain that after dinner (laughter) they would talk over the subject of the Bill. If, moreover, they met the gentleman who had had a great part in drawing the Bill, they would be sure to talk the matter over with him; and if in conversation they gained more information respecting the intentions of the Government than they previously had, it was quite probable that their views would be altered, and that any communication they might make to the Council would alter the views of that body, especially when it was stated that the view taken by the Council could not be accepted by the Government. The various statements, therefore, which had been made as to the proceedings of the Council were quite uncalled for. It had been repeatedly stated that the Bill would destroy the corporations. That, clearly, was not its object. It contained various provisions for the purpose of protecting the interests of those bodies, and identifying the members of the profession with them. Indeed, the opportunities of accomplishing that object now appeared to him greater than they appeared yesterday. His feeling in favour of the Bill was stronger than it was, and he believed that the existing rights of the corporations might be main-

tained under it, or under such slight modifications of it as the Privy Council would, in all probability, willingly accept. But with regard to the motion of Dr. Bennett, he would simply repeat he did not understand it.

Mr. HAWKINS thought there was no inconsistency in the course pursued by the Council. The motion which he proposed yesterday was supported by Dr. Christison and Dr. Bennett because they believed that the plan of giving licences to the persons who passed the conjoint board might be attended with very considerable risks to the corporations and universities. They then voted on the supposition that the Government might be induced to reconsider its position. Having now voted in a manner which might be considered injurious to the corporations, it was surely not inconsistent that they should desire to secure the co-operation of those bodies. The corporations they represented might naturally feel that they had acted adversely to their interests; but the proposed resolution might be a means of their being brought into co-operation. The interests of the corporations were principally supported by Clauses 9 and 20. Everything depended upon the manner in which the scheme was drawn up, and in drawing it up the co-operation of the several licensing bodies was expressly sought. With regard to the College of Surgeons, there had been throughout a great wish to make it a national institution. They had accepted from the nation the serious duty of supporting the museum; they had spent nearly £250,000 out of the funds of the institution in supporting the museum, the library, and other objects connected with it, and they had received nothing from Government except on two occasions to assist in building. Surely it was not inconsistent that they should wish that that body and others concerned should feel that their interests were protected as far as possible, and that their assistance would be asked in carrying out the different measures having that object in view. The 20th clause especially was one on which they must depend, giving the different bodies power to accept the certificate of the conjoint board as the sole qualification for minor titles and degrees. The first part of the clause gave them power to do that voluntarily; the second part appeared at first sight to compel them to receive those whom they might not wish to receive; but it was not so. A person could only claim what the scheme allowed him; and in drawing up the scheme care would be taken to consider the interests of the universities and corporations.

Dr. HUMPHRY moved the following amendment:—"That whilst maintaining the principle of Clauses 3 and 13, it is desirable so to secure the co-operation of the medical authorities in conducting the examinations, that the present relations of the members of the profession to those authorities shall, as far as possible, be maintained as at present."

Dr. THOMSON seconded the amendment.

Dr. SHARPEY said he was disposed to vote against the motion and the amendment, as the Council was not yet in a position to carry its powers under the scheme into execution.

Dr. HUMPHRY said his object was to remove any doubt that might exist as to the protection to be given to the corporations and universities.

Sir D. CORRIGAN said it might happen that a scheme would be proposed that would abolish the corporations or completely ignore them; and it was desirable to come at once to a distinct understanding that their rights should be as far as possible maintained.

Dr. PARKES wished to know how it was proposed to give practical effect either to the motion or to the amendment.

Dr. BENNETT said that perhaps no effect would be produced upon the Government, but the motion might have some effect upon the medical authorities. The chief objection of most of the authorities was that their licence was not made part of the whole scheme, or was only thrown in at the end in an objectionable way.

Dr. PARKES did not think that the Government could modify the Bill to meet that objection. He thought the motion would tend to harass the Government.

Dr. HUMPHRY said he only wished it to be clearly expressed that in arranging the examinations provision should be made to connect the corporations with the profession as at present.

The amendment was then put, and the numbers voting were—for, 10; against, 10. The President gave his casting vote against the amendment. The motion was then put and carried.

Dr. PARKES moved—"That, in reference to the clauses in which the action of the Privy Council is stated, it is desirable that this Council should confer with the authorities of the Privy Council, with a view of removing ambiguity and of defining the action of the Privy Council; and that steps should be taken by the President to secure an interview between the authorities of the Privy Council and a deputation from the Medical Council as soon as possible." He said it was understood that the Government was only anxious, as far as the Privy Council was concerned, to exercise a proper degree of control over the Medical Council, and not any undue interference; and some of the clauses might possibly be improved to make the matter a little more certain. It was desirable to obtain an interview as soon as possible with the Privy Council, with a view of considering whether the clauses might not be to some extent modified.

Dr. ANDREW WOOD, in seconding the motion, said it had been stated in the journals that the Bill would bind the Council neck and heels to the Government, and not only to the Government, but to one individual who might be the adviser of the Government. As a member of the Executive Committee, he (Dr. Andrew Wood) had the privilege of being present at the interview with Lord De Grey, who stated most distinctly that he had no wish to exercise anything like the power which had been suggested, but that, as there must be an arbitrating power somewhere, it seemed most natural that it should be vested in the Privy Council. It would, he thought, be a protecting rather than a dictating power; it would protect the authorities against each other. There was a very wide range left in the formation of the scheme, and there would no doubt be divisions amongst the authorities, and the Privy Council, in deciding between them, would probably be more impartial even than the Medical Council. He did not look with any jealousy upon the interference of the Privy Council; at the same time he thought it desirable that there should be an official declaration, if the Lord President would kindly give it, as to what was meant by the provisions in the Bill which gave the Privy Council a controlling authority; and if there was anything in the Bill which was not very clearly understood, he had no doubt that the necessary emendations would be made.

Dr. A. SMITH said he should be sorry if the Privy Council did not exercise a certain amount of control. Without such a supervision the Medical Council might sometimes hesitate to do what it thought right, whereas it would always act according to its best judgment if it knew that in the event of the medical authorities being aggrieved there was an appeal to the Privy Council. But there was perhaps too much power given to that body in the Bill, and he believed, if proper representations were made, that objection would be obviated. He remembered that, when the President urged very strongly the objection to giving power to the Privy Council to put persons with foreign diplomas on the Register, Lord De Grey readily put his pen through the clause.

Dr. SHARPEY had no apprehensions of any undue influence being exerted by the Privy Council: all that was wanted was a court to arbitrate. But it was no doubt desirable to remove any ambiguity on the subject.

The motion was then put and carried, and the following members were appointed as a deputation to the Lord President:—The President, Mr. Hawkins, Dr. Christison, Dr. Apjohn, and Dr. Parkes.

Mr. HAWKINS moved—"That it be an instruction to the deputation to lay the following clauses, proposed by Mr. Cæsar Hawkins, before the Lord President for his consideration:—

"5. The medical authorities of each part of the United Kingdom may before the 1st day of October next, submit to the General Medical Council a scheme for the establishment of the medical examining board of that part; and the General Medical Council, before the 1st day of January next, may propose such scheme so approved by them to the Privy Council, who may then make an order confirming the same, if they think fit.

"6. If any alterations in the scheme proposed by the medical authorities of any part of the United Kingdom shall be deemed necessary by the Medical Council, such alterations shall be communicated to the medical authorities of that part, to be considered by them, and their opinions reported to the Medical Council for further consideration; and, if approved, the scheme, as amended, shall be proposed by them to the Privy Council, who may then make an order confirming the scheme, if they think fit.

"7. If, in the case of any part of the United Kingdom, a medical examin-

ing board has not been established in that part by agreement between the Medical Council and the medical authorities of that part, on the 31st day of January, 1871, or if, at any time there is no examining board for any part of the United Kingdom, the General Medical Council shall themselves forthwith frame and propose to the Privy Council a scheme for the establishment of an examining board for that part of the United Kingdom. The Privy Council may confirm such scheme, or may suggest to the Medical Council such modifications therein, or in any scheme proposed under the preceding clauses as they may think fit; and the Medical Council shall consider such proposed modifications, and submit the grounds for their difference of opinion, if there be such difference, to the consideration and decision of the Privy Council. The Medical Council shall cause notice of any scheme proposed by them according to the foregoing clause, together with the modifications proposed by the Privy Council, to be sent as soon as may be to all the medical authorities of that part of the United Kingdom to which that scheme relates; and during one month after such notices are sent, the Privy Council shall receive and consider any objections and representations made to them respecting the scheme, by any medical authority to whom such notice is required by this section to be sent, or by any six or more members of the General Medical Council. After the expiration of the said month, the Privy Council may make an order confirming the scheme, with or without any modification therein, as they may see fit. Any scheme confirmed by such order of the Privy Council shall come into operation on the day in that behalf in the order mentioned, or, if no day is mentioned, on the day of the date of the order, and shall have effect as if it were enacted in this Act."

Dr. ANDREW WOOD seconded the motion.

Sir D. CORRIGAN objected to delegating the powers of the Council to any six members. The Government proposed that the number should be only three. He thought that action should not be taken without the consent of the majority of the Council.

Mr. HARGRAVE thought that the number should be limited to three, and that the Government proposal would have the effect of checking the proceedings of a tyrannical majority of the Council.

Dr. FLEMING thought it would be a great hardship if the majority who felt themselves aggrieved were debarred from appealing to the Privy Council except with the sanction of the majority.

Dr. ANDREW WOOD said that any medical authority might appeal.

Dr. STORRAR said that the intention of the clause as it originally stood was to prevent anything like an act of tyranny on the part of the Medical Council. He thought that three was a reasonable number.

The PRESIDENT said he did not think that any three members of the Council (perhaps eccentric ones) should have the power of appealing to the Privy Council. The result would be to put the whole settlement of affairs into the hands of the Privy Council, the chief authorities of which body were persons who could not be expected to know anything of medicine. No doubt the Privy Council had now an extremely able medical adviser, but there was no security that his successor would be equally able, or indeed that he would have a successor at all, since the tendency of the present day was to establish a sanitary department, which would no doubt incorporate with itself the medical department of the Privy Council. The Privy Council would then be left without any medical adviser at all, except perhaps the medical attendant of the Lord President, who might be anybody. [A MEMBER.—Miss Garrett.] A person much less able and trustworthy. (Laughter.) He very much preferred that the number should be six instead of three.

The motion was then put, and carried.

Clauses 8 and 9 of the Bill were then read, and approved.

Clause 10 having been read,

Dr. FLEMING suggested that it was desirable that the Medical Council, or the Branch Councils, should have the power to establish a board, or boards, for the examination of intending medical students in general education, and that that should be expressed in the Bill.

Dr. SHARPEY thought that full power was given to the Council to do everything that was necessary.

Dr. CHRISTISON thought that sufficient authority was not given in the Bill.

Dr. ALEX. WOOD moved, "That it be an instruction to the deputation to the Lord President to endeavour to secure that power is given to the Council to provide sufficient security that every entrant into the profession have sufficient general knowledge; and that, if necessary, a register of medical students be established under their direction."

Mr. HARGRAVE seconded the resolution.

It being now 6 o'clock, Dr. Acland moved the suspension of the standing orders, to enable the Council to continue its sitting. The motion, however, was negatived, and the debate on Dr. Alex. Wood's motion stood adjourned.

SATURDAY, APRIL 30TH.

The Council reassembled at one o'clock, the President, Dr. Paget, in the chair.

The Minutes of the previous meeting having been read, and put to the Council for confirmation,

Sir D. CORRIGAN objected to the insertion of a statement with reference to the communication made to the Council by Dr. Parkes as to the intentions of the Government. Such insertion, he said, was in contravention of a standing order which prohibited speeches of members being entered on the Minutes. No letter was brought before the Council, and Dr. Parkes only stated the substance of a communication which he had received.

The PRESIDENT was disposed to rule in favour of Sir D. Corrigan's objection, but suggested that, in consequence of the importance of the communication in question, the standing orders might be suspended so as to admit of its insertion on the Minutes.

Dr. SHARPEY contended that the proposed insertion was no violation of the standing orders, which simply prohibited any notice being taken of the comments of the members of the Council on motions or amendments.

After some discussion, the Minutes as read were confirmed.

The debate on Dr. Alexander Wood's motion was resumed.

Dr. ALEX. WOOD said he did not think that the words in the Bill gave sufficient power to the Medical Council with reference to preliminary education. If they could be assured by a Parliamentary solicitor that the words of the Bill did give such power, there might be no necessity for his motion. At all events there could be no harm in instructing the deputation to draw the attention of Lord De Grey to the subject, because he was quite sure that his Lordship and the promoters of the Bill were as anxious about it as the Medical Council itself.

Dr. ANDREW WOOD said he had little doubt that the words "general knowledge" gave the necessary power, but there ought to be no ambiguity upon the subject. He did not think that Dr. Alex. Wood's motion was sufficiently definite, and he would suggest the following amendment:—"That it be an instruction to the deputation to the Lord President to inquire whether the words 'general knowledge' in Clause 10 would cover the institution of a preliminary examination in general education before the commencement of professional study, the establishment of a register of medical students, and the power of establishing one board for examination in general education in any of the divisions of the kingdom; and, if the answer be in the negative, to urge the expediency of clauses being inserted in the Bill in order to carry out those important objects."

Dr. ALEX. WOOD said he was willing to accept Dr. Andrew Wood's amendment, and to withdraw his motion.

Sir D. CORRIGAN said he supposed that what Dr. Andrew Wood desired was power to establish one board in *each*, not in *any*, of the divisions of the kingdom.

Dr. ANDREW WOOD said that that was not his object, as one division of the kingdom might require such a power, and another not.

Sir D. CORRIGAN said that in that case their boasted uniformity would be at an end. He objected going into the details mentioned by Dr. Andrew Wood, and he also objected to the motion, because it would cover the institution of a preliminary examination before the commencement of professional study, which he did not admit was absolutely necessary. Moreover, he submitted that the motion was not in order, because the deputation to Lord De Grey was appointed for one particular purpose and no other, and the members composing it might object to take up new subjects which were introduced after they had consented to act. It would impose a task on them of which they knew nothing when they were requested to go to the Lord President. If the resolution were adopted in its present form, there was nothing to prevent a requisition being made to the Lord President to take up amendments upon every clause of the Bill. Dr. Andrew Wood took it for granted that all the licensing bodies admitted that a preliminary examination in general education was absolutely necessary before entering upon professional study. That question must be considered in connexion with the resolutions of the Medical Council, which did not contain a single proviso that during

the four years of professional study there should be any test as to general knowledge. All that the Council required was a wretched preliminary examination, which (as shown by the various reports that had been laid before the Council), gave no security as to the possession by the students of a liberal education. With regard to the Queen's University in Ireland, to which reference had so often been made, its requirements as to general education were in excess of those of the Medical Council.

Dr. CHRISTISON asked the Council to consider whether the proposed conjoint board was really necessary. Would they not get on very well by trusting to the various national examining boards already in existence, which are quite as good as any that the Medical Council could establish, and probably better? The establishment of such a board would be very costly, and the unfortunate students, who were already sufficiently taxed, would have to pay the expense. At present a student could get a certificate as to general knowledge for a mere nominal sum.

Dr. ALEX. WOOD said that, on further consideration, he was inclined to prefer his own motion, because it would leave everything to be discussed hereafter.

Dr. BENNETT thought it was very undesirable that the Council should commit itself to principles upon which there was a considerable diversity of opinion.

Dr. ANDREW WOOD said he would withdraw his amendment in favour of Dr. Alexander Wood's motion.

The latter was then put to the Council, and carried.

Dr. HUMPHRY said he thought it was desirable to make clear a point which was not quite definitely expressed in the Bill with reference to Clauses 3 and 13. Those clauses had been accepted by the Council on the understanding that considerable latitude should be given to the medical authorities in proposing schemes for conducting the examinations, and especially with reference to the first or preliminary medical examination, it being thought by many members of the Council that the final examination only should be conducted by the proposed board. At any rate, it was the desire of the Council that the medical authorities should propose a scheme of examination to be submitted to the Council. It was already provided that they should propose a scheme with reference to the examining boards, but he thought they ought also to be empowered to submit a scheme of examinations; and unless that was done, the understanding on which Clauses 3 and 13 were accepted would be considerably interfered with. If the Bill passed in its present form, the medical authorities would scarcely be empowered to submit a scheme of examinations. He therefore proposed, "That it is desirable that the medical authorities should be empowered to submit to the General Medical Council a scheme for examinations, as well as a scheme for the establishment of an examining board."

Dr. MACROBIN seconded the motion.

Dr. ANDREW WOOD objected to the motion because there had been a line of demarcation drawn between what the medical authorities were to do and what the Medical Council was to do. The medical authorities were to provide the scheme for the examining board, while the Medical Council was to provide the scheme for education and for examination, in order to make the examination as nearly uniform as possible in the three divisions of the kingdom. He believed this had been advisedly done, and it was not desirable for them to suggest an alteration in what he thought was a settled, radical part of the Bill.

Dr. MACROBIN said, bearing in mind what had passed on a previous occasion, he thought Dr. Andrew Wood must have changed his views.

Dr. ANDREW WOOD said he had not changed his views, because when he spoke before he had not seen the Bill.

Dr. AQUILLA SMITH agreed with Dr. Andrew Wood that there were sufficient powers in the Bill to provide for what was asked for by the resolution.

Dr. SHARPEY said there was nothing in the Bill to prevent the medical authorities making representations to the Medical Council, or to prevent the Medical Council consulting the medical authorities, if they thought fit. The medical authorities were represented in the Medical Council, and it was open to them to consult upon any particular point that came before them. In that respect he thought Dr. Humphry's anxiety might be met.

Dr. HUMPHRY said the medical authorities would feel that they were going out of their way if they proposed a scheme to the Medical Council. In London the various authorities had been for some time engaged in preparing a scheme for examination as well as for the examining board. It was a question whether they could propose such a scheme to the General Medical Council. He should like it to be clear from the Bill that the medical authorities would be empowered to do so. If the Bill did contain the powers, there was no harm in making it appear more clearly. If, on the other hand, the Bill did not contain those powers, then, he thought, it was their duty to introduce them. The authorities ought to be empowered to propose a scheme for examination as well as for the examining board.

Dr. SHARPEY pointed out that if the authorities were not satisfied with the proposal of the Medical Council they had power to represent to the Privy Council.

Dr. STOKES said there were two points, the machinery and the subjects. What the medical authorities were commissioned to recommend was the machinery; whereas it was quite obvious, for the sake of uniformity, that the subjects must proceed from some central authority, and by Clause 10 that central authority was the General Medical Council.

Dr. ACLAND said if the proposal of Dr. Humphry amounted only to this, that the medical authorities should have power to submit a scheme to the Medical Council, he could not see what harm there could be in that, because it would facilitate the proceedings of the Council. Considering the time that would be occupied by the Medical Council in details, it was desirable that they should get rid of as many details as they could, or they would have to sit interminably. Therefore, he would agree to the proposal that the medical authorities should submit a scheme to the Medical Council; it would save time. But if Dr. Humphry proposed to take away the power from the Medical Council, he was confident of the answer which Lord de Grey would make. It would be fatal to the Bill. As Dr. Stokes had pointed out, the different divisions of the kingdom were empowered to recommend the machinery most convenient to them, but it was for the central body to settle what that machinery should be. That would not hinder Dr. Humphry's proposal being carried out; but if it was proposed to transfer to the divisional bodies the powers confided to the Medical Council with reference to the subjects and the examinations, he should oppose that.

Dr. BENNETT agreed with Dr. Acland that they should understand the subject better if they knew whether these words were to remain in the clause or not, "The Medical Council shall from time to time propose to the Privy Council rules for regulating the examinations." The College of Physicians would insist upon the omission of these words, and upon making the clause stand thus: "The General Medical Council shall from time to time prepare the rules." And then they would have the whole thing under their command. Then there would be abundant opportunity for the authorities to submit rules for examination to the General Medical Council for their approbation.

Mr. HAWKINS agreed that this (Clause 10) was one of those important clauses in which the power of the Privy Council should be clearly defined, so that it should not be left to them to originate or alter material rules for examination. That would be provided for by such a form of words as Dr. Bennett had suggested. With regard to Dr. Humphry's motion, it seemed to him that instead of facilitating the proceedings of the Medical Council, it would rather add to their labours. The proposal was that the medical authorities might send in schemes to the Medical Council to be considered, and then the Medical Council were to prepare the rules. The result might be that the whole of the nineteen bodies throughout the three kingdoms would send in schemes; and if the Medical Council had to deal with these nineteen schemes in addition to their own, it would increase rather than diminish their labours. He thought the supreme authority should be lodged in the Medical Council. So, with respect to paragraph 5 in the clause, "Securing the equally strict application of the rules, so that a licence may be granted on the like terms throughout the whole of the United Kingdom," that was another important part which required that the supreme authority should be lodged in the Medical Council. He did not think there was any hardship upon the medical authorities in this, because when they came to Clause 11 they would find that the medical authorities had full power to lay their

views before the Medical Council. But with regard to that clause, he should propose that instead of "the Privy Council shall cause notice," it should be, "the Medical Council shall cause notice." In his opinion, the Medical Council should have the ministerial duty of sending the notices round to the different authorities. But the regulations laid down by the Medical Council should be under the authority of the Privy Council, in case of any difference of opinion between the medical authorities and the Medical Council. It seemed to him that, taking the two clauses together, there was no necessity for Dr. Humphry's motion.

Dr. HUMPHRY said Mr. Hawkins had fallen into error in supposing that the nineteen medical authorities would send in schemes of examination. It was a majority of the medical boards that he meant. What he proposed was, that the scheme for a conjoint examination should be under the same conditions as the scheme for a conjoint board. Any objection to the authorities proposing a scheme for the board applied also to the authorities proposing a scheme for examination. He thought it was an important point to be defined. No medical authorities would come together after the Bill had passed, and the question would be, Were they enabled to propose any scheme for examination? It would be answered, No; they could only propose a scheme for a board. Then, were they to propose a scheme for a board without knowing what the examination would be? Surely, they ought to have the power to propose a scheme for examination as well as a scheme for the board.

Dr. EMBLETON thought the medical authorities ought to have power to propose the schemes, and that the Privy Council should have a final voice in the matter. It was desirable to preserve the liberty of the medical authorities as much as possible, and in that way to prevent too much centralisation.

The CHAIRMAN, before putting the motion, said it did not appear to him that the Bill as it stood would deprive the medical authorities of any power. There was nothing to prevent the medical authorities forming a scheme and submitting it to the Council. Every individual medical authority had a representative in the Council, and the Council would receive with respect a recommendation from any individual medical authority, and still more a recommendation from a combination of medical authorities. From the resolution of Dr. Humphry, it appeared to him that he rather wished that the examination scheme should originate with the medical authorities. He did not think that was at all desirable. It would enormously increase the difficulty of making the examinations equivalent in the three divisions of the kingdom, and would enormously add to the labours of the Council. In truth it would make a necessity for two meetings of the Council where one would suffice. According to the proposals in the Bill, the Council would meet and draw up rules which would be submitted to the Privy Council, and the Privy Council would object to them if they thought proper; and there the action of the Medical Council would cease. But, according to the proposal of Dr. Humphry, the medical authorities would draw up rules and submit them to the Medical Council, and if the Medical Council did not approve of them, they would have to be sent back to the medical authorities; and if the medical authorities took any exception to the rules thus revised, another meeting of the Council would be required.

The motion of Dr. Humphry was then put:—For the motion, 5; against, 8.

The CHAIRMAN declared the motion lost.

Sir D. CORRIGAN then moved, "That it is desirable that sub-clause No. 1 of Clause 10, shall terminate at 'examinations.'" As the sub-clause at present stood it read thus, "Determining the conditions of admission of persons to the said examinations, and in particular their age, general knowledge, and course of professional study." He proposed to leave out the latter part of the clause after the word "examinations," because he thought ample provision was made in the resolution of Dr. Alexander Wood to secure a sufficient amount of general knowledge on the part of persons entering the profession. He considered it a very objectionable power to be vested in the Medical Council, to determine the course of professional study. It would be sure to create dissatisfaction. They had been considering the question of professional study for several days, and had spent days in determining what was a medical school. Some were of opinion that it was a place where teaching only was carried on; others, as the London University, that education might go on in many of the provincial hospitals with persons who were bound to general practitioners. In Ireland it was the ordinary practice for young men to spend one year as an apprentice to the surgeon of a county infirmary, where he had to take care of fifty or a hundred patients, under the eye of his master. The whole subject of what constituted a course of professional study must be left open, or uncensing contention would arise if the Council had power to go into these details. Where the modes were so diverse of getting into the profession, it would be a departure from one of the main provisions of the Bill to give the Council power to interfere. The power of the Council should be limited simply to the examinations, without any power to dictate to the licensing bodies throughout the kingdom the particular details of the course of study. Let the examinations be rigid, in order to test the general knowledge which the student possessed, so that he should not be admitted into the profession unless he exhibited, to the satisfaction of the Council, general knowledge and professional knowledge; but he totally dissented from the principle attempted to be laid down, that the course of study was to be regulated by the Council, and applied to all parts of the kingdom. For these reasons he proposed the motion of which he had given notice.

Dr. STOKES seconded the motion.

The motion was then put. For the motion, 2; against it, 13.

The CHAIRMAN declared the motion lost.

Sir D. CORRIGAN next proposed,—"That Sub-clause 2 be amended by leaving out the words 'or who have studied in any British possession or foreign country.'" The introduction of those words into the sub-clause gave an extraordinary advantage to those who had studied in foreign countries; they might come here with foreign diplomas, and we had no means of testing them. It put them in privileges above the students of our own country. Under the clause, as it at present stood, graduates of the universities in the United Kingdom would be obliged to conform to the rules of the Medical Council; but, with this extraordinary provision inserted, persons coming from abroad would be exempt from those rules. We knew how diplomas were sold in foreign countries, and how certificates of study could be got merely on payment of money. So that the clause held out a bonus to students to desert our own schools, and to cross the Channel for six months; because they were then admitted under this special rule.

Dr. AQUILLA SMITH seconded the motion.

The motion was put. For, 2; against it, 10.

Dr. ALEX. WOOD, referring to what took place the day before, said the Council had been induced, by what was said by Dr. Christison and others, to alter the opinion which they had expressed on Thursday with regard to the conjoint board giving licences. He believed the Council were induced to rescind their resolution by the statement that, if that were done, careful provision would be made in the Bill to preserve the rights of universities and corporations in that conjoint examination. Now, looking at the Bill, he did not see any clause introduced to that effect; and it had been suggested to him that it would be extremely important, before they left Clause 10, that they should give further instructions to the deputation to state to Lord De Grey that the Council were only led to abandon the resolution of Thursday on the distinct understanding that effect should be given to that in the Bill, otherwise he saw no security for the preservation of the rights of universities and corporations. Nothing appeared in their Minutes to intimate to Lord De Grey the ground on which they rescinded that resolution; and, therefore, he thought it desirable that some steps should be taken with the view to bring the matter under Lord De Grey's notice.

Dr. PARKES said it was stated yesterday that Government considered the principle of Clauses 3 and 13 absolutely essential. It was a question whether the Council would adopt that view and take the Bill as it stood, or refuse that view and refuse the Bill. It was put in that simple form before the Council; and upon that the Council voted by a large majority.

Dr. CHRISTISON said there was no doubt that many gentlemen assented to the adoption of this clause in the Bill—namely, that the examination by the conjoint board should

carry with it the licence of general practitioner—in the expectation that they would be able so to arrange with regard to the examinations of the conjoint board that the examinations should not be taken entirely out of the hands of the corporations on the one hand, and the universities on the other, but that, through the means of a certain share in the examinations, as corporations and as universities, they should contribute something towards that licence. It was pointed out to him, when this suggestion was made, that all that was perfectly within the limits of the scheme. He thought they should be misleading the Government if the Government were not made acquainted with this expectation of the Council, that the usefulness of the corporations and universities was to be secured by a certain part of the examinations still remaining where they were, the boards being differently modified so as to be amalgamated with certain corporations. All this was an easily managed detail; the difficulty was to couch it so in an opinion that could be expressed by the Council. He agreed with Dr. ALEX. WOOD that they ought to apprise Lord De Grey that there was the expectation that some such security would be given in the Bill that the corporations and universities should take part in the examinations.

Dr. BENNETT thought the resolution he had drawn up would sufficiently meet the case. It would be seen now why he insisted so much in his resolution upon the word "licence" being introduced. The resolution he drew up stated distinctly that when they proceeded to make these schemes, they intended to take care of the medical authorities by securing their co-operation in the examinations. He agreed with Dr. CHRISTISON, in the main, that it was desirable they should give Lord De Grey to understand that that was their expectation; but he did not like the terms of the resolution that had been submitted by Dr. CHRISTISON, or of what had been stated by Dr. WOOD.

The CHAIRMAN said he had no motion before him. Would it meet the wishes of Dr. CHRISTISON that Lord De Grey's attention should be specially drawn to the matter?

Dr. CHRISTISON thought the deputation would make the explanation that was necessary.

Dr. ALEXANDER WOOD proposed that the Council should instruct the deputation formally, and call Lord De Grey's attention to the resolutions adopted by the Council on the motion of Dr. BENNETT.

Dr. ARJOHN seconded the motion.

The motion was put and carried by 7 to 1.

Dr. ALEX. WOOD then proposed that the words in Clause 10, "propose to the Privy Council" should be omitted. According to the clause as it at present stood, the Medical Council had power to frame the rules, and the rules were to be sent to the Privy Council, and the Privy Council might reject them. Now, he thought the power of the Privy Council should be that, if a minority of the medical authorities complained that such and such rules were oppressive, the Privy Council should have power to decide; but he held that the Privy Council should not have power to override the decision of the Medical Council in medical matters. The case lay in a nutshell. Did they think that the Medical Council was capable of regulating the affairs of the profession, or did they think that the Privy Council should regulate these affairs? If the 10th clause was agreed to, they would surrender all their powers to the Privy Council.

Dr. BENNETT said a great deal turned upon the words, "propose to the Privy Council." He would propose instead, that "the Medical Council shall, from time to time, prepare rules," without any reference at all to the Privy Council. It might save time to say that he had the same objection to the 11th clause. He would propose "that in Clause 11 the power given in paragraphs 1 and 2 to the Privy Council should rest in the General Medical Council, and that only in the event of the medical authorities, the Medical Council, and the examining boards not being agreed as to the examination rules, shall the matters be referred to the determination of the Privy Council." It was not necessary to go into the reasons for this proposal. He would strike "Privy Council" out of the first paragraph in the 11th clause, and insert instead "Medical Council."

Dr. ALEX. WOOD.—I will second the motion.

Dr. PARKES said he thought the motion which he moved the day before provided for what was sought by the present resolution.

The CHAIRMAN said the resolution passed the day before was, that the deputation should confer with the Privy Council with a view to remove ambiguity and to define the action of the Privy Council.

Dr. ALEX. WOOD thought it was desirable that the resolution of Dr. BENNETT should be put into the hands of the deputation, so that Lord de Grey should see what the views of the Council were. They owed it to the public and the profession to take this, the only opportunity they had of vindicating their position as a profession.

Mr. HAWKINS quite agreed with Dr. WOOD that if they went up with some vague notion of what the Medical Council wished from the Privy Council, they would be at a loss to express themselves clearly. He thought Dr. BENNETT in his resolution should couple Clauses 10 and 11 in order to make clear the meaning of the Council. He was prepared, in reference to Clause 11, to move that "Medical Council" be substituted for "Privy Council" in the first paragraph.

Dr. ACLAND said he should oppose any alteration in Clause 10, in order to avoid the possibility of conflict between the two authorities. The present was an attempt to define the powers of the two authorities, and in doing that it was extremely difficult to avoid ambiguity. There were two views which they ought to take of their relations with Government. They had to look to the Government as a national power, which was bound to enforce a certain course of action upon them. They had also to remember that in the present action of the constitution of England, nothing had a chance in this country which had not a representative in Parliament to answer for them and protect them. Now, they stood in that relation to the Privy Council. The Privy Council had given them general powers; and it was the duty of the Privy Council on the one hand to see that they used those powers, and on the other hand to answer in Parliament any frivolous objections and attacks that might be made upon them. Clause 10 required that the Medical Council should from time to time propose to the Privy Council rules for the examinations. Therefore, it necessarily followed that the Privy Council would have power to reject those rules. But, on the other hand, if the Privy Council took upon itself to send round notices, it stepped into the place of the Medical Council, and destroyed their functions. There ought to be no ambiguity as to their respective functions. He was quite ready to submit to the Privy Council in all matters of principle, but only on the condition that the Privy Council maintained their position before the Legislature. If, however, the Privy Council intended to look into details, send out notices to the examining boards, and in other ways supersede the functions of the Medical Council, then they had better shut up at once. Therefore he would support Dr. BENNETT's motion. But he had no doubt that Lord De Grey would say they were quite right, and that this power of sending out notices was an accidental introduction of a detail into the Bill. If the deputation would think over the definition of their respective functions, and lay it before Lord De Grey, he had no doubt it would meet with his Lordship's approval.

Sir D. CORRIGAN thought Dr. BENNETT's resolution an absolute necessity, otherwise the Medical Council could not say one word as to the powers of the Privy Council. Under Dr. PARKES's resolution, the deputation, which was appointed to remove ambiguity and to define the action of the Privy Council, could not say one word as to the necessity of the Medical Council having a power greater than had been accorded to it in the Bill.

Dr. PARKES thought it would be desirable to leave it to the deputation to explain the views of the Council.

Dr. ALEX. WOOD said up to the present moment they had no defined statement of what the views of the Council were upon this subject. He wished the deputation should be fully instructed as to what the wishes of the Council were. He objected in Clause 10 that the Medical Council should propose to the Privy Council the rules for examination. The Medical Council ought to be empowered to prepare the rules; but he had no objection to the Privy Council stepping in where there was a difference of opinion between the Medical Council and the medical authorities.

Dr. ANDREW WOOD said by Clause 10 the Medical Council were called upon to propose to the Privy Council the rules for examination; and if they looked to Clause 11 they would see why it was proposed that the rules should be

sent to the Privy Council. The Privy Council were not called in to dictate to the Medical Council, but to protect the examining board and the medical authorities from the tyranny of the Medical Council. He thought it would be a pity to suggest any alteration.

Dr. QUAIN pointed out the connexion between Clauses 10 and 11, and observed that the authority of the Privy Council related entirely to matters of technical detail. The real question was, what amount of authority the Medical Council was prepared to agree the Privy Council should have. That was the whole question, the rest was matter of detail. There ought to be some positive understanding that the Privy Council should be a court of ultimate appeal in case of any difference arising.

Dr. PARKES said it was clear the Privy Council ought to have the power of vetoing any proposition that emanated from the Council. It was quite clear that the Privy Council retained no oppressive powers, and would be very sorry to interfere with the action of the Council. All that the deputation could do was to go over the clauses of the Bill, and frame them a little differently, in order to meet the views of the Council on points of detail.

Sir D. CORRIGAN thought the function of the Privy Council should be limited to deciding between the Medical Council and the medical authorities, as to any difference that might arise between them.

On the motion of Dr. ANDREW WOOD the standing orders were suspended, and the meeting adjourned to Monday at 1 o'clock.

MONDAY, MAY 2ND.

The Council reassembled at 1 o'clock, the President, Dr. Paget, in the chair.

The PRESIDENT stated that he had received a letter from Lord de Grey appointing Tuesday, at 2 o'clock, to receive the deputation from the Council, and stating that he had fixed the second reading of the Bill for Thursday, May 5th.

The debate on Dr. Bennett's motion, for vesting in the Medical Council the power given in Clause 11 to the Privy Council, was then resumed.

Dr. ANDREW WOOD said he preferred the clause as it stood, believing as he did that the Privy Council would prove a more impartial body than the Medical Council. Moreover, the Medical Council only met at long intervals, but an appeal to the Privy Council could be made at any time, and, as the Lord President said, without expense.

Mr. HAWKINS said that the power should be vested in the Privy Council, otherwise modifications would have to be made in other clauses which had been already agreed to.

After some discussion,

Dr. ANDREW WOOD moved, "That it is desirable that in Clause 11, line 28, for the words 'Privy Council' be substituted the words 'General Medical Council'; and that in Clause 11, line 35, for the word 'three' be substituted the word 'six.'"

The amendment was put to the vote, and carried by a majority of 9 against 6. It was also adopted as a substantive motion.

Clause 12 was read, and approved.

On Clause 13,

Sir D. CORRIGAN said that the Council had accepted the principle of the clause, but not all its details. The clause as it stood gave to each of the three examining boards power to license those who came before it and passed the examination; but he thought it would be better for the licence to come from a central authority, and that that authority might be the Medical Council. Otherwise the competition downwards would go on amongst the three boards as much as it had done among the nineteen. The three boards might send to the Registrar of the Medical Council the lists of those who had successfully passed the examinations, and the Council would then grant the licences. He proposed that the words "General Medical Council" be substituted for the words "each medical examining board."

Dr. APJOHN seconded the motion.

Mr. HAWKINS said it would be very inconvenient for the candidates to wait many months for their licences, as they often would do if the Medical Council granted them.

Dr. STOKES suggested that the granting of the licences might be a function of the Executive Committee.

Dr. A. SMITH said that the President alone might undertake the duty.

Dr. ANDREW WOOD objected to the proposal, as interfering with the principle of the Bill, which gave the power of examining and licensing to the different bodies acting conjointly.

Dr. FLEMING said that Sir D. Corrigan's proposal would deprive the conjoint board of all responsibility.

Some further discussion on Sir D. Corrigan's motion took place, in the course of which it was strongly urged that the responsibility of granting licences should rest with the boards that conducted the examinations. The Council accepted this view, and rejected the motion by a majority of 11 against 7.

Clause 14 (sending lists of licentiates to registrar) was read and approved.

Clause 15 (registration fees) was read and approved, with the insertion of the word "final" before the word "examination," in line 4.

On Clause 16, providing for the entry of higher titles in the Register,

Dr. HUMPHRY said that no doubt, on the whole, it was wise that there should be a recognition of such higher titles on the part of the Government, but the question was how the principle of recognition should be carried out. The clause permitted the registration of any diploma, degree, or title which appeared to the Medical Council to be granted "in respect of a higher degree of knowledge in medicine or surgery than is required for obtaining the licence under this Act;" but it gave no power to the Medical Council to ascertain that such titles were granted in respect of a higher degree of knowledge, and he thought that a resolution ought to be passed giving the Council that power.

Dr. CHRISTISON thought that the question of what was a higher title would give rise to a great deal of unpleasant discussion. He could see no reason why a man should not be allowed to register any title he pleased.

Dr. PARKES said that the clause was inserted in the interests of education, it being considered that every registered licentiate would desire to see his name in the column of higher titles.

Dr. APJOHN thought that the clause would create much confusion in the definition of what constituted a higher title, and suggested that degrees and titles should be permitted to be registered, "After a university degree in arts, or in respect of a higher degree in knowledge in medicine or surgery."

Dr. ALEX. WOOD thought that the proposed powers would prove unworkable in practice. He was for three or four years chairman of a committee for deciding upon what titles were to be registered, and from his experience on that committee he did not envy those who would have to carry out the functions of the Council in reference to the proposed clause.

Dr. ACLAND said that next to the principle of the licence the point now before the Council was the most important in the whole Bill. It was very desirable that there should be some mode of recognising higher education, but he did not think that the subject had received due attention. The proposed new State qualification had been spoken of in terms of the greatest contempt. That tone he considered to be very unjust, as they were bound to consider every holder of a licence properly qualified. The minimum qualification ought to indicate a sufficient standard of professional knowledge; but there ought, undoubtedly, to be a power of registering the results of a long training of a high intellectual character, such as that given at the universities. He would suggest whether there should not be separate columns for university degrees, and the diplomas of the medical corporations. With regard to the fellowships of the different medical bodies he did not think that the Council could well supervise them, but thought that they ought to stand upon their own value.

Mr. HAWKINS seconded the motion of Dr. Humphry.

Dr. ALEX. WOOD suggested that all medical titles should be granted which were given under a Royal charter, and all such foreign degrees, diplomas, and licences as the Medical Council might, from time to time, admit.

Dr. A. SMITH said that the determining of what constituted a higher title would be a most ungracious task to impose upon the Council.

Dr. BENNETT said the Council ought not to be called upon to decide such a question. The titles registered ought, he thought, to speak for themselves, and the Council should not attempt to interfere with the general estimation in which they were held by the public.

Sir D. CORRIGAN said that the question of higher titles was discussed in reference to the Bill of 1858, and it was almost unanimously thrown overboard in both Houses of Parliament. He would propose that the heading "Higher titles" be abolished, and that Clause 16, and other clauses be amended in accordance therewith.

Dr. ANDREW WOOD said he repudiated the notion of the Council forming itself into an inquisitorial court, for the purpose of ascertaining the manner in which degrees and diplomas are granted.

Dr. ALEX. WOOD said he would alter his proposed amendment as follows: "That in the opinion of this Council, it is inexpedient to call upon the Council to decide which are higher and which are low titles, and that in column three of the proposed new Register, all medical or surgical titles given by bodies under Royal charter should be inserted on due proof being given of the possession of the same."

The amendment thus altered was carried by a majority of 12 against 6. It was then put as a substantive motion.

Dr. LEET moved as an amendment that the words "Or by Act of Parliament," be inserted after the words "Royal charter."

Mr. HARGRAVE seconded the amendment, which was put and negatived.

Dr. SHARPEY suggested the registration of titles "capable of being registered under the principal Act." This suggestion was not adopted by the Council, and the motion passed in the form in which it had been agreed to as an amendment.

Dr. PARKES said that if the deputation to Lord De Grey were required to represent the wishes of the Council with reference to the last motion, he should like it explained, for he confessed he did not understand it.

Dr. ALEX. WOOD said that after all they had heard with regard to private communications and conferences, they might feel quite certain that the views of the Council would be properly represented.

Dr. ACLAND said he had not the slightest conception of what was to be represented to the Lord President. (Laughter.)

On Clause 17, with respect to registration,

Dr. QUAIN expressed a hope that some steps would be taken to secure the accuracy of the Register, which was at present very inaccurate and almost useless.

The REGISTRAR stated that under one of the clauses in the new Bill the Registrar had power to insert in the Register any alteration which came to his knowledge of the address and legal description of any registered person. Hitherto he could only do that with the authority of the person in question. That clause he thought would tend greatly to the desired improvement of the Register.

On Clause 18 (limiting the granting of qualifications by medical authorities),

Mr. STORRAR moved, "That Clause 18 should leave it to the option of a candidate for a licence to pass the examination required for it either before or after graduation in medicine or surgery at a university." He said it appeared to him that it could be of no consequence whatever to the Government or to the public whether the licence was taken before or after graduation, and it would be a needless interference with university privileges to make the conferring of a university degree contingent upon the examination of the examination of another body. There were many men who took degrees in medicine without any intention of practising, and it would be a hardship upon them to require that they should pass the examination of the licensing board. He concurred in the proposed arrangement that no medical graduate should be permitted to have his name inserted in the Register who had not passed that examination; but he thought it was a matter of indifference whether he passed before taking his degree or afterwards.

Dr. HUMPHRY seconded the resolution. It was, he said, one of the great advantages of the universities that they served the purpose of connecting medicine with the general science of the country, and it would be a great evil if any obstruction were thrown in the way of the connexion.

Sir D. CORRIGAN said he could not consent to the resolution in its present form, because it made an invidious distinction between the corporations and the universities. (Hear, hear.) He admitted that some of the universities had a very high standard of education, but he could not make that admission as to all of them. He would propose the following amendment:—"That Clause 18 should leave it to the option of a candidate for the licence proposed by the Bill to pass the examination required for it after graduation, or obtaining a licence in medicine or surgery granted by any university or college of Physicians or Surgeons in the United Kingdom." This would put all the bodies on an equality.

Mr. HARGRAVE seconded the amendment.

Dr. ANDREW WOOD said that if Dr. Storrar's motion were adopted, it would be striking at the very basis of what was contemplated by the Bill—namely, a single portal to the profession. If the universities were to grant their degrees in the way proposed, there would be at least a dozen portals instead of one. He was surprised at the universities making such a demand. He had heard of certain negotiations going on out of doors with reference to this question, and he knew that the universities had been very busy respecting it. The Medical Council, however, had to regard the question upon general principles, and it would be stultifying itself if it adopted the proposed resolution. If Dr. Storrar succeeded, he (Dr. Andrew Wood) should consider himself entitled to apply to members of both Houses of Parliament, and ask their aid in preventing such a measure of injustice.

Dr. PARKES suggested that the Council should not decide the question, but leave it to the determination of Parliament.

Dr. A. SMITH thought it was very important that the opinion of the Council should be placed before the Government. He should support Dr. Storrar's motion with the amendment proposed by Sir D. Corrigan, which he thought perfectly fair and reasonable.

Dr. QUAIN said that the universities had consented to give up their licensing powers, but he thought there ought to be no interference with their powers in respect of granting degrees.

Dr. STOKES supported the resolution. It ought, he said, to be no part of the action of the Council to embarrass university education in any way. There could be no doubt that a licentiate under the new board, with a degree of arts, would be essentially a better man than a doctor in medicine who had had no education in arts. The advantages to a medical student of a literary and scientific education could not be exaggerated. In an institution to which he had belonged for nearly forty years there were classes composed of university and non-university men, and the difference between the two as to the acquisition of knowledge it was almost impossible to describe.

Dr. EMBLETON said if Dr. Andrew Wood or any other representative of corporations could show that they gave honorary diplomas or degrees at all equivalent to those of the universities, he (Dr. Embleton) would be happy to vote for the amendment; but if there was that great difference between them that had been stated, he must vote for Dr. Storrar's motion.

Dr. ALEXANDER WOOD regretted the challenge thrown out by Dr. Embleton, especially when he remembered some of the reports of the visitors of examinations. It would appear from those reports that the university represented by Dr. Embleton had not given its students the amount of preliminary knowledge which would put them on a level with the licentiates of most of the corporations. Whatever might be said of the other universities, it was evident from a report made by Dr. Storrar that no claim could be made by the University of Durham. God forbid that any corporation should turn out such men as, according to Dr. Storrar's report, had been turned out of that university. The object of Dr. Storrar's motion appeared to be to degrade the corporations and to elevate the universities. He had no objection to give the universities every advantage which they desired in regard to preliminary education, but they ought not to be put in a different position from that occupied by the medical corporations as degree-conferring bodies. While the universities took charge to some extent of general education, the medical bodies were able to take special charge of professional education; and if the latter were degraded, immeasurable harm would be done to the profession.

Dr. EMBLETON said that the University of Durham had, some years before the passing of the Medical Act, carried out a scheme for the preliminary education of medical students, and that education was far higher than the one afterwards sanctioned by the Medical Council. With regard to the observations of Dr. Alexander Wood, he would remind him that those who dwell in glass houses ought not to throw stones. (Laughter.)

Dr. HUMPHRY said he was not aware that the universities had been "busy" in reference to Dr. Storrar's proposal. He was not aware of any combination that had taken place; and he did not even know the opinion of the representative of Oxford on the subject. He did not know that any advantage would accrue to the universities from the adoption of Dr. Storrar's motion. There might even be a certain disadvantage, because some of the students who had passed the medical examinations might subsequently go before the new examining board and run the risk of rejection.

Dr. ALEX. WOOD referred to the Minutes of 1867, containing a report with reference to the general education of the students at the University of Durham; but

The PRESIDENT said that it related only to the medical registration examination, which was lower than any other.

Dr. SHARPEY said it had been urged that if the holders of university degrees entered into practice without a licence there would be great reluctance to enforce the penalty under Clause 22; but he had been told very positively that no judge would think of refusing to enforce that clause against any person who infringed it. On the whole he was disposed to support Dr. Storrar's motion. The matter might be settled in Parliament, but he saw no objection to the Council expressing its opinion upon the subject.

Dr. ACLAND said that the universities had, in order to secure a great national object, given up certain privileges, and it was not quite right to ask them to abandon others. In a recent competition for the office of Reader in Anatomy in Christ Church College, Oxford, out of nine candidates, only two had received a medical education, and the successful candidate had not been a student in medicine at all. He voted for Dr. Storrar's motion because he thought it was only just that university students should have the alternative which it proposed to give them.

Dr. CHRISTISON said that in the Scotch universities the title of Doctor of Science was a legalised one, which any man might claim. Many students of medicine devoted very special attention to science, and not to professional practice; and he thought that every facility should be afforded to such persons. He believed that the profession had derived great advantage and distinction from the success of many of its members in cultivating sciences. He could not see that the proposed motion would do any injury to the colleges.

Dr. BENNETT thought it would be desirable to allow the question to be determined by Parliament. As a representative of the College of Physicians he felt no jealousy upon the subject, but his advice to the Council would be to give the matter the go-by. His only fear was in reference to the effect of the motion upon unregistered persons with regard to Clause 22, which provided a penalty for the improper assumption of titles.

Mr. HAWKINS said he could not support the amendment proposed by Sir D. Corrigan, or the motion of Dr. Storrar. The number of persons who studied medicine without a view to practice was comparatively very small, and the hardship that might be experienced by them was very slight in comparison with the inconvenience which would arise if Dr. Storrar's motion was adopted. The matter could be of no great practical importance to the universities, as their medical graduates were very few in number. After all, it was no great hardship for a person who had already received a good medical education to be required to pass a minor examination before obtaining his degree.

Dr. FLEMING thought that the proposed exemption in favour of universities would be a great blow to the corporations, and would lead to a greater distinction between them and the universities than had ever yet been made.

Mr. COOPER said that the corporations had done their duty, and he protested against any advantage being given to the universities which was not also accorded to them.

Dr. THOMSON said that the Scotch universities would feel aggrieved if they were deprived of any of their privileges by a side wind.

Dr. STORRAR, in reply, said he had not brought forward the subject in any party spirit, and he repudiated the motives that had been attributed to him. With regard to Clause 22, he had taken the highest legal opinion, and the notion that a court of law would override that section was utterly ridiculed.

Sir D. CORRIGAN'S amendment was then put, and negatived by a majority of 12 against 4.

Dr. Storrar's motion was put and carried, the numbers being—for, 13; against, 7.

The Council then adjourned till Tuesday, at 4 o'clock. It was stated that, owing to the arrangements of the College of Surgeons, the Council would be unable to meet in the room hitherto placed at their disposal, and that the next meeting would be at the office at Soho-square. Dr. Christison said that a body like the Medical Council ought not to be dependent upon other societies for accommodation, and suggested that there were many places in London at which its meetings might be held at a comparatively trifling expense.

TUESDAY, MAY 3RD.

The Council reassembled, at 32, Soho-square, at 4 o'clock; the President, Dr. Paget, in the chair.

The PRESIDENT said: The deputation which you appointed has had an interview with Lord De Grey this morning, and I will now state what occurred at that interview. All the members of the deputation are present, and if I should omit anything material I hope they will supplement the statement that I make. There were present at the interview the Lord President and the Vice-President of the Privy Council, the medical officer, the legal officer, and Mr. Jenkins, the draughtsman of the Bill. We were received by Lord De Grey, as the Executive Committee always has been, with great frankness and courtesy. The first topic introduced was as to the power of the Privy Council, and in regard to that, as to all other topics of conversation, we drew the attention of the Lord President to the resolution passed by the Medical Council during its present sittings. We directed attention to the resolution moved by Dr. Parkes, and to the resolutions in the form of clauses moved by Mr. Cæsar Hawkins. The Lord President assured us, as he had previously assured the Executive Committee, that it was not intended by the Bill that the powers of the Privy Council should extend to more than what are really and truly "modifications" of what was brought before them—modifying matters of detail, and not introducing new matters, either in the schemes for the examining board or in the examination rules. With regard to one of the most important parts of the clauses proposed by Mr. Hawkins, substituting six for three as a minimum number of members of this Council who should have the right of appealing to the Privy Council against the opinion of a majority of their colleagues, I am happy to say that I understood Lord De Grey distinctly to state that he would be willing to allow that modification. Lord De Grey also stated that he would be willing to hear the opinion of the Council, if they desired to state it, on another point—viz., whether words should be introduced into the Act giving powers to the Medical Council, in the event of its differing from the Privy Council in regard to the scheme proposed for the establishment of examining boards, or for examination rules, to withdraw the scheme, and of course propose another in lieu of it. That is the substance of a long conversation with Lord De Grey on this subject. There was a distinct disclaimer of any desire to give the Privy Council more powers than are ordinarily understood by the word "modification."

Dr. PARKES.—I think Lord De Grey also stated that he would consider whether he could withdraw the word "modification," and substitute another.

Dr. STORRAR.—I presume he wished to express that there should be a *veto* in the Privy Council.

The PRESIDENT.—That of course is understood.

Dr. ATTHILL.—In the case of withdrawal, would not the whole thing fall to the ground?

The PRESIDENT.—When I suggested that, the Vice-President, Mr. Forster, said, "No; the Medical Council would have to propose another scheme." The next question discussed was the subject of the higher titles (Clause 16), on which, of course, we drew Lord De Grey's attention to the resolution passed by the Council a day or two ago. He

seemed to be rather surprised at the resolution, for it was rather at variance with opinions that had been expressed to him, as I understood, by some other deputations this very day. Of course I mentioned, what was plain from the remarks made by many members of the Council in discussing this subject, that it would be a matter both of difficulty and delicacy on the part of the Council to determine these higher titles; and another member of the deputation, Dr. Christison, mentioned that it would possibly form a subject of discord at this board.

Mr. HAWKINS.—It was proposed that the word "other" should be substituted for "higher."

The PRESIDENT.—Lord De Grey mentioned the difficulties or inconveniences that might arise from inserting titles without any limitation—titles of all sorts and from every quarter.

Dr. ANDREW WOOD.—There would be a schedule, as in the Act of 1858.

The PRESIDENT.—The next question was that of granting university degrees to persons who had not passed the conjoint examinations. That subject Lord De Grey had had under his consideration previous to our interview. He said it was not a part of the principle of the Bill, and he was willing to yield it; but he did not seem inclined to favour the opinion of the Council, and I am bound to say he mentioned a reason against it which was not mentioned in the course of the debate, and which I think it is proper should be stated to the Council. He thinks that the exemption of the university graduates from the operation of the Act in regard to passing the licensing examination may endanger the passing of Clause 22 (to which the Council and the profession at large attach very great importance), imposing a penalty for the assumption of titles by unregistered persons. He thought, if it were stated in the House of Commons that, under the exemption, graduates of the universities (doctors of medicine of the London University, for instance), who had notoriously passed a sufficient examination to test their capacity to practise, but had not passed the examination of the conjoint board, would be subject to a penalty of £20 for practising, that argument would be very likely to imperil the passing of the clause. But Lord De Grey himself did not consider that the clause with reference to higher titles was an essential part of the Bill, and he was willing to yield if the desire were very strongly expressed by the universities and other bodies.

Dr. CHRISTISON.—I think he said it was a matter in which he would be guided by the universities.

Dr. ANDREW WOOD.—By the universities! (Laughter.) Will he not receive a deputation from the corporations? There were none of us there.

The PRESIDENT.—With a fairness which has certainly characterised all that I have seen of Lord De Grey, he desired to look at the Minutes. He then saw that there was an amendment claiming the same privilege for the corporations, and he saw the division that took place, so that he is quite cognisant of the fact.

Dr. PARKES.—I think he said, that if the universities would consent to put their graduates under a disadvantage in regard to passing the licensing examination, he was not prepared to oppose their wishes. He considered that their graduates would be under a disadvantage, and that that should be fairly understood.

Dr. CHRISTISON.—I hope Dr. Andrew Wood will understand my statement. It is this: that the Lord President did not see any difficulty in the way, except a difficulty which might arise among the universities themselves. Their graduates might be subject to prosecution and conviction for having practised without a qualification from the conjoint board; but if the universities consented to or desired that state of things he would not object.

The PRESIDENT.—We next called the Lord President's attention to Clause 10, and the resolution passed on the motion of Dr. Alexander Wood; and we requested to be informed whether the words "general knowledge" in that clause would cover what was required by the Medical Council as expressed in the resolution. We then received an assurance from Lord De Grey, and from the draughtsman of the Bill, that care would be taken that the clause should be made to do so. The attention of the Lord President was then drawn to some details as to the mode of procedure indicated in the clauses proposed by Mr. Hawkins, and no difficulty was raised respecting them. Lord De Grey particularly desired that all the Minutes of the present session of the Medical Council might be sent to him. He asked us whether we could, on behalf of the Council, give a general approval of the Bill. I said that that had not been discussed, but that there was a notice of motion on the subject which would be considered before the Council separated. I may mention, especially for the information of Mr. Cooper, that Lord De Grey had not forgotten a communication made to him from the Council at the last meeting, as to granting power to those bodies that do not already possess it to strike off names from their rolls. Lord De Grey seemed to think that there was considerable difficulty in getting a clause of that kind in this Bill applicable to all universities and corporations; but, he said, if the Medical Council found by experience that the powers given under the section of the Act of 1858 which enables the Council to strike names off the Register were not sufficient, he would be willing to consider the propriety of extending those powers. The Lord President was informed as to the proceedings of the Council with reference to Clauses 3 and 13. He was told that the opinion of a considerable majority of the Council had been decidedly adverse to the principle of those clauses; but that, when the Council found that they were regarded by him as a *sine qui non* of the Bill, they reversed their decision. His attention was then drawn to the resolution passed on the motion of Dr. Bennett connecting the reversal of that decision with a consideration of what was due to the corporate bodies. Upon that he had a fuller explanation from Dr. Christison.

Dr. BENNETT.—It might assist the Council if I were to state what occurred when Lord De Grey received the deputation from the College of Physicians, when this question came up in a distinct and emphatic way, and was put by the Lord President in a somewhat new light. At all events, he seemed to give an unanswerable reason for introducing in some shape or other the supervising power of the Privy Council, although he told our deputation, as he told yours, that not only was there no intention on the part of the Privy Council to introduce more than "modifications," but that he had been informed on good authority that the words of the Bill would not give any greater power as they now stood; but if there was any doubt on the subject, he would give the draughtsman directions to modify the words so as to render them as free from doubt as possible. With regard to the power of veto or acceptance he gave this satisfactory reason. He said that, in considering the Bill in the first instance, and deciding in what form it should be brought into Parliament, there were but two courses open to him. One was to prepare a Bill in which there should be a general power given to us to prepare schemes, to let them receive a sort of general sanction from the Government, and then go through Parliament. In that case there would be no occasion to make any reference to the Privy Council or to any Government department. You would have an Act of Parliament under which you were acting, and if you needed any modifications in the scheme it would be absolutely necessary to go to Parliament every time you wanted them. The other plan, which he adopted, thinking that it was more courteous to you, was that of giving the medical authorities full scope to prepare schemes according to their own views, and to modify them from time to time according to the requirements of the profession; but if a Bill were brought into Parliament giving that general power, it would be impossible to get it passed without superadding the condition that what was done should be brought under the notice of parties who would be responsible to Parliament for it. It was therefore imperative that some such general supervision as this should be given either to the Privy Council, or to some other department of the Government, who would be responsible to Parliament. That struck me as a very important mode of considering the question; indeed, there was so much reason in it that I felt there was nothing more to be said against the general principle of supervision, especially as Lord De Grey, in the most emphatic way, denied that there was any intention, or even any possibility, of interfering to introduce modifications beyond such as came very legitimately within what we had submitted. As Lord De Grey has always been firm upon the point of no one getting upon the Register except by the licence of the one board, I asked him if he would be good enough to give me his opinion as to whether he thought the scheme which we were to submit to him would admit

of our so arranging it as to render it, if not compulsory, at least probable, that all the candidates who had passed would attach themselves to one or other of the bodies. In answer to a question from Lord De Grey, I put the matter in this way: suppose the scheme admits of the examinations being divided into several parts, say three, and that one of them is undertaken by one body and another by another, the final part of the examination being conducted by conjoint boards, who would have a general supervision over the whole; the licence would not be receivable until the candidate has passed the conjoint board, but those who had successfully passed the previous examinations conducted by the College of Physicians and the College of Surgeons would have a claim to attach themselves to one or other of these bodies. That struck Lord De Grey forcibly, and he said, "I think it is a very good suggestion; I do not at present see that there is anything in the scheme to prevent it; but I should not like to give any direct opinion upon it at present; it strikes me as an important matter, and one which shall have my best consideration." It was quite evident that it presented itself favourably to his mind, and that he did not see any objection to such an arrangement. If that be so, it strikes me that our difficulties would be overcome to a considerable extent: certainly the difficulty as far as the universities are concerned will be almost completely overcome, because they will be able to conduct a considerable part of the examination themselves, before their graduates go up to the conjoint board. The preliminary portion of the examination would be conducted by branches, if you choose to call them so, of this general conjoint board. I simply throw that out as a mode of getting over the difficulty of these men passing the final examination, without facilities being afforded of affiliating themselves to one or other of the existing medical authorities. I think that was one of the most important topics of conversation in connexion with our deputation. With regard to the question of higher titles, I was advised to abstain from any reference to it, because I knew that the deputation from this Council would undertake it.

Mr. HAWKINS said that the deputation did not forget the question of the introduction of the word "final," according to the resolution proposed by Dr. Humphry, and Lord De Grey saw no objection to the proposal.

On a further consideration of Clause 18,

Sir D. CORRIGAN moved the following resolution,—"That it is desirable that the several medical authorities of the United Kingdom, legally authorised to grant degrees or licences in medicine or surgery, or in medicine and surgery, shall be entitled as heretofore to grant such degrees or licences at such times and under such regulations as may seem fit to them respectively; it being, however, understood that any such degrees or licences shall not entitle the holder to be registered without having undergone and passed the examination of some one of the conjoint examining boards proposed to be constituted under this Bill."

Dr. A. SMITH seconded the motion, which, after brief conversation, was negatived by a majority of 12 against 2.

Clause 19 was read.

Dr. A. SMITH asked if there was any objection to adopt another title than "licentiate" for those who passed the new conjoint board, that being the title already given by some of the colleges.

Dr. BENNETT said that Lord De Grey was asked by a deputation from the College of Physicians whether there would be any objection to the College giving the title of "extra licentiates." The Lord President did not see any difficulty in the matter, and it was put down for consideration. The clause, as it stood, was evidently framed with a view of avoiding any confusion of titles.

Sir D. CORRIGAN proposed a resolution to the effect that it was not desirable that "licentiate" should be the title of the new qualification.

The PRESIDENT said that such a resolution could not be moved, the Council having already adopted a motion that "licentiate" should be the new title.

Sir D. CORRIGAN said that the Council had already reversed on one day a resolution of the preceding day.

Dr. PARKES.—I think you said that it was a most unheard-of proceeding.

Sir D. CORRIGAN.—But I gave up my judgment. I have changed my opinion on that. (Laughter.)

The PRESIDENT said that the matter referred to by Sir D. Corrigan was reopened under very peculiar circumstances, which did not exist in regard to the resolution which Sir D. Corrigan now desired to move.

Sir D. CORRIGAN thought that "general practitioner" would be a good title for the new qualification.

The PRESIDENT declined to receive Sir D. Corrigan's motion.

Sir D. CORRIGAN.—Then we must fight it out in the House of Commons.

Clause 20 was read.

Dr. STORRAR said that by the first paragraph of the clause the medical authorities (which included the universities) might confer on a licentiate under the Act a degree in medicine and surgery without further examination. He did not think that any university ought to confer a lower degree than that of the licentiate. The second part of the clause provided that if any of the medical authorities received any portion of the Surplus Fee Fund, they should be obliged to confer their lower qualification upon those who passed the licensing board. That, he thought, was still more objectionable. He did not see what claim the universities could have to any portion of the surplus fund, and he thought they ought to be exempted from the operation of the clause. He would propose "That clause 20 shall not apply to universities."

Dr. CHRISTISON seconded the motion.

Dr. ALEXANDER WOOD said that Dr. Storrar's motion, if carried, would completely remove the universities from the operation of the Bill. The best feature of the Bill was that it dealt with all licensing bodies on the same footing, but Dr. Storrar's resolution rendered that feature nugatory, and he (Dr. Alexander Wood) felt bound to oppose it. Its effect would be to alienate the supporters of the Bill, and send them into the ranks of its opponents.

Sir D. CORRIGAN said that the principle of Dr. Storrar's motion was the old one of "What is yours is mine, and what is mine is my own." He proposed that the universities should receive a certain portion of the surplus income derived from fees, and yet should be exempted from the operation of the clause. (No, no.) Certainly that was his proposal, if he understood the English language. The first portion of the clause was merely permissive; but the second part provided that the licensing authority receiving any portion of the money should be compelled to give its degree, and from that obligation the universities were proposed to be exempted.

Dr. CHRISTISON said he would undertake on behalf of the Scotch universities, if Dr. Storrar's resolution were adopted, that they would not accept a penny of the surplus income.

Sir D. CORRIGAN.—Will you give that undertaking in writing? (Laughter.)

Dr. MACROBIN said the object of Dr. Storrar was to prevent a lowering of the university standard examination. The Scotch universities did not intend to take the money.

Dr. PARKES did not think that Lord De Grey would alter the Bill in the direction indicated without receiving a distinct intimation from the universities that they did not desire to take the power conferred by the clause. He thought that the Council should not express an opinion on the subject, but leave it to the consideration of the universities themselves.

Dr. SHARPEY said that the object of the motion was not to confer any privilege on the universities, but to take a privilege from them. They were willing to forego the right to any of the surplus income from fees, and if so, they ought to be allowed the exemption which they desired.

Dr. THOMSON said it was the strong desire of the Scotch universities to withdraw themselves from the application of the clause, and to keep their examinations at a higher standard than those required for the licence.

Dr. STORRAR, with a view of meeting the objections of some members of the Council, said he would alter his motion as follows:—"That in reference to Clause 20 it is not expedient that university degrees should be conferred on licentiates without additional and higher examinations than those required for licentiates." He stated that if the motion passed as altered, no university could accept any portion of the fee surplus.

The permission of the Council having been given to the proposed alteration,

Dr. QUAIN seconded the motion in its altered form, and said that the London University would not give its lowest degrees to the licentiates without examination.

Dr. APJOHN thought Clause 20 was very objectionable, and proposed its omission.

Dr. A. SMITH seconded this proposition.

Dr. Apjohn's amendment for the omission of the clause was put and negatived.

Dr. Storrar's motion was then put, and carried almost unanimously.

Dr. A. SMITH said that under Clause 20 it was not clear to how many medical bodies a licentiate under the new Bill might affiliate himself.

Dr. HUMPHRY proposed the addition of words to the clause requiring the *acceptance* of a portion of the surplus by any medical body before such body could be brought under the operation of the clause. He suggested that a part of the surplus might be offered to a medical body which was unwilling to receive it.

Dr. QUAIN seconded the proposal, which was put and carried.

Mr. HARGRAVE said that when a licentiate was received by a medical college under the clause, the college would have no control over him.

Dr. BENNETT said that every such licentiate would necessarily be subject to the bye-laws of the college.

On the motion of Mr. HARGRAVE, words were agreed to be inserted in the clause subjecting licentiates to the bye-laws of colleges with which they might be affiliated.

On Clause 21, relating to the registration of foreign and colonial practitioners,

Dr. ANDREW WOOD said the clause compelled the Medical Council to register foreign and colonial degrees. He suggested that there should be an option given to the Council on the subject.

Dr. ALEX. WOOD said that the clause would give encouragement to persons to go abroad for their degrees, and then come to England for registration without going before the licensing board.

Dr. A. SMITH proposed the omission of the first three paragraphs of the clause, retaining only the last paragraph, giving the power to the Medical Council to register any person who had resided ten years in the country, and of whose eminent professional acquirements and character the Council was satisfied.

Dr. PARKES said that the Medical Council had, under the clause, power to order an examination if it thought fit. He thought that circumstance removed the objections to the clause which had been mentioned.

Dr. CORRIGAN suggested the substitution of five years for ten in the last paragraph of the clause.

Dr. ALEX. WOOD moved an amendment to the effect that holders of foreign and colonial medical degrees, diplomas, and titles ought not to have advantages beyond those granted to graduates of universities of the United Kingdom.

Dr. ANDREW WOOD seconded the amendment.

The amendment was put and negatived. The motion was then put and was also negatived. The clause, therefore, remained unaltered.

Clause 22, providing a penalty for the assumption of titles by unregistered persons, was read.

Sir D. CORRIGAN proposed that the consent of the Medical Council should not be required in order to the institution of a prosecution by a private individual.

Dr. BENNETT said that the portion of the clause requiring the consent of the Medical Council was inserted with a view of facilitating the passage of the clause through the House of Commons.

Dr. ALEX. WOOD said he did not know where the funds were to come from if the Medical Council were to be made the public prosecutors. The proceeding would be a very expensive one. He would second Sir D. Corrigan's proposal.

Dr. CHRISTISON said that the Council had already, in past years, decided that the prosecution of offenders was not one of its functions.

Sir D. CORRIGAN said the Council ought to keep itself clear of prosecutions; otherwise it would constantly have applications from all parts of the country.

Dr. PARKES thought that the resolution might imperil the passing of the clause.

The motion was put and carried.

Mr. HAWKINS referred to the great expense attending the prosecution of offenders, and moved a resolution declaring that the duty of prosecuting any person for a contravention of the clause should not be assigned to the Medical Council, or any Branch Council.

Dr. ANDREW WOOD believed that such a motion would imperil the passing of the Bill, as it would take away from the Council the power of interfering with irregular practice.

Dr. A. SMITH thought the power of instituting a prosecution ought not to be taken from the Council. The duty, he said, would be a very simple and probably an inexpensive one.

The motion was put, and carried by a majority of 9 against 8.

Dr. Parkes and other members of the Council again expressed their fears that this resolution would endanger the passing of the Bill.

The Council adjourned shortly after 7 o'clock, and agreed to meet on Wednesday at 12.

WEDNESDAY, MAY 4TH.

The Council met at 12 o'clock, at 32, Soho-square, the President, Dr. Paget, in the chair.

On a motion for the confirmation of the Minutes,

Sir D. CORRIGAN objected to the Minute expressing the Council's approval of Clause 19, no distinct motion of approval having been passed.

It was stated that when the clauses passed *sub silentio* they had been entered as approved; and this course was adopted with reference to Clause 19. The Council declined to alter the Minute.

On a resumption of the consideration of Clause 22,

Dr. EMBLETON said he thought the second part of the clause did not prevent registered persons assuming titles to which they were not legally entitled, and appeared to apply only to unregistered persons.

Dr. ANDREW WOOD said that the clause would apply to both registered and unregistered persons.

This being the general feeling of the Council, no motion for an alteration in the clause was passed.

Clause 23 was read, and no amendment to it was proposed.

Sir D. CORRIGAN objected to its being entered as approved; and he proposed that it be simply entered as read.

The motion was lost, and the clause was passed in the usual manner.

Clauses 24, 25, 26, 27, 28, 29, were read and approved.

On Clause 30,

Dr. HUMPHRY proposed, "That it is desirable that Clause 30 should be so altered as to permit the powers given by this Act to the medical authorities to be exercised and done by the governing bodies of the medical authorities." He said that a question had been raised by several bodies as to what was meant by the "medical authorities."

Dr. BENNETT said it was understood that the term meant the same as in the Act of 1858, and the resolution was, he thought, unnecessary. There could be no doubt the "medical authorities" meant the governing bodies.

The motion was put and negatived; and the clause passed unaltered.

On Clause 31 (repeal of Acts),

Sir D. CORRIGAN moved "That it is desirable, in reference to Clause 31, that the same legislation should apply to the Apothecaries' Companies in all parts of the United Kingdom, and that in accordance with this principle, Section 55 of the Medical Act of 1858 should be repealed." If, he said, the section in question was not repealed, the Apothecaries' Hall in Ireland would still be able to enforce a penalty of £20 from everyone who compounded medicine without a licence from that company—even the most distinguished practitioner in the country. The Council had already passed a resolution in reference to that subject, and he contended that the legislation with regard to Apothecaries' Companies should be uniform throughout the United Kingdom.

Mr. HARGRAVE seconded the motion.

Dr. LEET stated that a Bill would soon be before Parliament which would open pharmacy in Ireland to a new class of men, distinct from the general practitioners. The state of the law hitherto was owing to the Act of the Government, and not of the Apothecaries' Hall.

Dr. A. SMITH said the question was one of the greatest importance. The monopoly of the Apothecaries' Hall in

Ireland was a grievous burden. There was no school of pharmacy in Ireland; and many of the men who were licensed were not properly educated. The company had a large laboratory for the purpose of trading, and they had not a man among them who was able to conduct it. (Laughter.) It was managed by an Englishman. The condition of pharmacy in Ireland was most miserable.

Dr. PARKES moved as an amendment, "That, as the Council understand that a Bill is to be shortly introduced into the House of Commons affecting the practice of pharmacy in Ireland and the interests of the Apothecaries' Hall in Ireland, the Council beg to direct the attention of the Lord President to this Bill, and to express an opinion that the practice of pharmacy in Ireland ought to be assimilated to the practice in England and Scotland."

Dr. LEET seconded the amendment.

Sir D. CORRIGAN declined to accept the amendment, because it did not draw attention to Section 55 of the Act of 1858. With regard to the Bill referred to by Dr. Leet, it would have been well if a draft of it were laid before the Council. (Hear, hear.) Without some specific information respecting it, the Council ought not to refrain from passing the motion he had proposed.

The amendment was then put and carried. It was also carried as a substantive motion.

The schedules of the Bill were then read.

On Schedule 3,

Dr. ALEX. WOOD moved that the words "additional titles" be substituted for "higher titles."

Dr. ANDREW WOOD seconded the motion.

Mr. HAWKINS said that the question was under the consideration of the Lord President, and he thought the Council should not now express any definite opinion respecting it.

Dr. ALEX. WOOD said it was only following up what had been already decided by the Council.

The motion was put and carried.

Sir D. CORRIGAN moved the omission from the proposed form of the Register of the column for the particular part of the United Kingdom in which the person had been examined. He considered it undesirable to make any geographical distinctions amongst licentiates of the United Kingdom.

Dr. ACLAND thought that the heading in question, "part of the kingdom in which examined," was very objectionable; but he thought it desirable that a record should be made of the college to which the person belonged and the minor titles he possessed.

Dr. SHARPEY said that full power was given to the Council to make such a record in the Register.

Mr. HAWKINS said that the column might be useful as helping to equalise the examinations. A student might perhaps be disposed to go from one part of the kingdom to another because the examination was there easier for want of supervision; and such a column might tend to prevent that inequality.

The motion was then put and carried.

On Clause 4,

Mr. HAWKINS moved, "That it is desirable that the attention of the Lord President be drawn to the 4th schedule, by which many important duties and privileges are affected in regard to the medical authorities in England, without any reference to the laws affecting the medical authorities in Scotland and Ireland, and that it is desirable that the application of such laws in Scotland and Ireland to the Medical Bill should be considered by the legal advisers of the Privy Council." His object, he said, was to assimilate the state of things in the three divisions of the kingdom.

The PRESIDENT mentioned that the office of Surgeon to County Infirmaries in Ireland was restricted to members of the College of Surgeons of Ireland—a restriction which he did not think reasonable. (Hear, hear.)

Sir D. CORRIGAN said that there was the same restriction as to physicians, and he and his Irish colleagues were willing that it should be abolished.

The motion was put and carried.

The Council, which previously had been sitting in committee, then resumed its ordinary sittings.

Dr. PARKES asked if it was open to him to propose a resolution reopening the question on which the Council came to a decision on the previous day, with regard to the undertaking of prosecutions under the 22nd clause.

Dr. ALEXANDER WOOD said, if one point was to be reopened there were many others which he and other members of the Council might desire to reconsider.

Dr. PARKES suggested that the resolution passed on the previous day should be accompanied by a statement to the Lord President, that notwithstanding the feeling of the Council that the duties suggested to it in Clause 22 would be very troublesome and delicate, and likely to occasion expenses, the Council would not desire to avoid that responsibility if the Lord President considered it essential. (No, no, and laughter.)

The PRESIDENT said he did not think the present a proper time for bringing forward such a motion.

Dr. PARKES withdrew his proposal, and moved the following resolution, of which he had given notice:—"That this Council having carefully considered the principles of the Amended Medical Bill introduced by Lord De Grey, and having directed a deputation to confer with Lord De Grey on the wording of certain clauses, desire now to express their approval of Lord De Grey's Bill, and their earnest hope that it may become law during the present Session." It was unnecessary, he said, to make any lengthened remarks in proposing the resolution. It would be remembered that Lord De Grey had taken up the matter at the earnest request of the Council; he had done his best to carry into effect the resolutions that had been carried by a large majority of the Council. He had listened with the greatest courtesy to every suggestion that had been made, and had in every way sought to carry out the wishes of the Council, and of every other body concerned. It was therefore, he thought, the duty of the Council in all respects to strengthen his hands as much as possible, by giving a unanimous vote upon the present occasion, and not allowing the opponents of the Bill in Parliament to say that any one of the members were opposed to it.

Dr. HUMPHRY seconded the motion.

Dr. A. SMITH said that he was sorry he could not assent to it because it would bind the Council to the Bill as it stood. He thought that the Council had already sufficiently expressed its opinion in the resolutions it had adopted.

Mr. HAWKINS suggested that the resolution should be so worded as to convey an approval of the *principles* of the Bill.

Dr. PARKES said he assumed that Lord de Grey would make such alterations as he consistently could in the Bill in accordance with the wishes of the Council.

Dr. ANDREW WOOD suggested the following resolution:—"That this Council having carefully considered the Amended Medical Bill introduced by Lord De Grey, and having directed a deputation to confer with Lord De Grey on the wording of certain clauses, desire to express their approval of its principles, and their earnest hope that it may become law during the present Session."

Dr. ALEXANDER WOOD said it would be exceedingly absurd to express an approval of the principles of the Bill, seeing that the Council had been doing its best during its sittings to amend those principles; he thought it would be sufficient to thank Lord De Grey for the trouble he had taken, and express a hope that a suitable Medical Bill would pass during the present Session. "Suitable" was a word of delightfully vague generality which might mean anything or nothing (laughter). Like "orthodoxy," it would apply to every man's own opinion.

Dr. STORRAR suggested the following resolution: "This Council, whilst submitting the proceedings of the present meeting to the favourable consideration of the Lord President of the Privy Council, desire to express their general concurrence in the provisions of the proposed Bill." Several other suggestions were made as to the working of the proposed resolution; the result was that Dr. PARKES modified his motion as follows: "That this Council having carefully considered the principles of the Amended Medical Bill, introduced by Lord De Grey, and having learned the readiness of Lord De Grey to adopt suggestions from the Council on some of its provisions, desire now to express their general approval of the Bill, and their earnest hope that it may become law during the present session." To this an amendment was moved by Dr. ALEXANDER WOOD, expressing a hope that Lord De Grey would succeed in passing a Bill with such amendments as would prove satisfactory to the profession and beneficial to the public. This amendment was put to the Council and negatived by a majority of 10 against 5. Another amendment was moved by Sir D. CORRIGAN, "That the General Medical Council having proposed several amendments to the various

clauses of the Medical Bill, desire to express to his lordship their approval of the Bill taken in connexion with their suggestions for its amendment." This amendment, however, was withdrawn, and the motion of Dr. Parkes was carried by a majority of 15 against 3.

Dr. SHARPEY proposed, "That the best thanks of the Council be respectfully offered to Lord De Grey for the great kindness and courtesy with which he has attended to the representations of the Council, and for the great trouble he has taken with regard to the Amended Medical Bill."

Dr. FLEMING seconded the motion, which was unanimously adopted.

The PRESIDENT asked the Council if it desired to express any opinion upon the subject referred to by the Lord President of the Privy Council, at the interview on the previous day, with regard to giving power to the Medical Council to withdraw its scheme in the event of its disagreeing with the Privy Council, and to frame another in lieu thereof.

Dr. SMITH proposed that it was desirable that such power should be given to the Medical Council.

Sir D. CORRIGAN seconded the motion.

Dr. ANDREW WOOD thought that the result of such a motion might be a constant game of battledoor and shuttlecock.

Mr. HAWKINS said that the object of the proposal was to avoid any such result. Without such a power there might be an unseemly discussion between the Medical Council and the Privy Council, but if the proposed power existed, a scheme might be withdrawn and a fresh one submitted.

The motion was then put and carried.

Dr. PARKES then moved the following resolution:—"That it is expedient that a clause should be introduced into the Amended Medical Act, giving the medical authorities power to elect their representatives on the Medical Council on an enlarged basis; and that the clause shall be so worded as to allow the modes of election to be hereafter settled between each medical authority and those registered medical practitioners who have received from it any diploma or degree higher than the minimum diploma granted after passing the examination of one of the conjoint boards." He said he was sorry to have to bring forward the resolution at so late a period of the session, as there was hardly time for a proper consideration of the subject on the part of the Council, or for bringing it under the notice of Lord de Grey. It had been a question with him whether he ought not to withdraw it, and he would have done so but that it appeared certain that some movement in that direction would be made when the Bill came before the House of Commons; and the opinion of the Council would be then called for. He now brought forward the motion, believing it to be desirable that the representatives on the Council should be elected by as large a body of the profession as possible. Of the various modes of enlarging the representation of the Council it appeared to him that by far the best was that which gave increased powers to the corporations to enlarge their constituencies, or at any rate to cause a greater number of persons connected with them to take part in the election of members of the General Council. A plan had been proposed, and was likely to be strongly urged before the House of Commons, of sending to the Council gentlemen chosen by the profession at large, registered medical practitioners who would vote by virtue of their being on the Register. After considering the subject as fully as he was able it appeared to him that that plan was very objectionable. The Council had a very limited object: it was not a body dealing with all matters connected with the profession, but had a very restricted province, education and registration. By what appeared to be a happy inspiration, the Government that passed the Bill of 1858 selected the various corporations and universities which were concerned in medical education, either immediately or as influencing the course of instruction in various schools, as the proper bodies to send representatives to the Council. In that respect the Government acted perfectly correctly and logically. These corporations and universities, engaged as they were in education, dealing constantly with the objects on which the Council was required to act, were necessarily the proper bodies to be chosen. If representatives were selected from the profession at large, they would be chosen by persons who were not specially instructed as to education, and had given it no great amount of thought, and who would not be likely to choose representatives specially qualified to discuss the various matters that were brought before the Council. If the Council entered largely into the relations of the profession with the public and the State, it would be absolutely necessary that the profession should be represented; but that was not the case. Another objection to the selection of representatives by the general medical public was the extreme inconvenience and expense that would attend that method. A third objection was that the system would involve the apportionment of the representatives of the Council, or a certain number of them, according to the number of medical practitioners in the different parts of the kingdom. Equal electoral districts would have to be formed; no other course would be open to them; and the result would be that there would be a large preponderance of Englishmen on the Council. That would be an extremely bad result. ("Hear, hear," from an Irish representative, and laughter.) He (Dr. Parkes) had the greatest confidence in his own countrymen, and believed they were as desirous as any nation in the world of doing what was fair and right; but it would be very wrong to have on the Council any preponderance of one nation over another. Medical education was divided pretty equally between the three countries; the last returns showing 500 fresh medical students in England, 317 in Scotland, and 317 in Ireland. The medical corporations were also tolerably equal in number; and it seemed to him to be only right to each country engaged in the subject of medical education, which was the proper business of the Council, should be fairly and equally represented. Then came the question, how the different corporations should select their representatives. He thought that every corporation should as far as possible enlarge its basis. This would be desirable on various grounds. It would do good to the Council, because its influence would certainly be increased by the thought that it represented not a small but a large section of the profession. With regard to the effect on the corporations themselves, little need be said. They had lately seen the remarkable effect produced on various corporations—even universities—by an extension of the basis on which they rested. Immense benefit had resulted to the College of Physicians of London from the more liberal constitution which it had adopted. Forty years ago such a result would have been deemed impossible; but no sooner had the College pursued a liberal course, so as to bring to bear upon it the opinions of a considerable number of medical men, than it rose immensely in influence, and it was now a very different body from what it was only a few years ago. The same thing had happened with regard to the College of Surgeons, and still more remarkably with the University of London, by bringing to bear upon the Senate the views of the graduates. It would be observed that in his motion he had restricted the privilege of voting to those who had passed a higher examination than that of the conjoint board. This would have the advantage of limiting the number of persons who voted for representatives of the Council, and very much facilitate the election by some of the bodies having a large number of persons connected with them; and it would also bring to bear on the Council the influence of the best minds in the corporations, persons who had taken the highest degrees, and could therefore give the best opinions on matters connected with education. He did not think it would be desirable to give votes to those who merely passed the conjoint board. He proposed to leave it to each medical body to determine how the election might be best conducted. The election in the case of the College of Physicians was by the whole body of Fellows. The College of Surgeons would decide whether it would continue its present mode or throw open the election to the Fellows. He would give the greatest liberty to the corporations in this respect, only providing that they should be able to take in as large a number of their Fellows or members as possible. There were, however, two bodies—the Society of Apothecaries of London, and the Apothecaries Hall of Ireland, which, as they gave no higher degrees, could not be brought under the operation of a clause based upon the resolution; and as it would not be right to omit those bodies, he proposed to meet their case by a special provision, permitting them to elect as at present until they gave higher degrees than that of the conjoint board. He felt that, owing to the pressure of time, he had developed his proposal very imperfectly; but he begged the Council to consider whether it would not be possible to introduce an enabling clause in the Bill which would permit the object of his motion to be carried out.

Dr. ANDREW WOOD, in seconding the resolution, said it was vain to expect that the profession would be satisfied with the present state of the representation of the profession on the Council. On the principle of universal suffrage eight-tenths of the Council would be Englishmen, one-tenth Scotchmen, and one-tenth Irishmen; a proportion which he thought would not work well. He thought the plan proposed by Dr. Parkes was very fair and reasonable. It was but right that the

Fellows of Colleges should have votes for members of the Council; and it would be an inducement to medical men to seek the higher qualification. In the Scotch universities the constituencies were far too limited, being restricted to the medical professors; but if votes were given to all the holders of minor degrees, the constituencies would be too large and scattered, and the expense of ascertaining their opinions would be very great. He feared that the proposal would not satisfy some persons out of doors who desired popular elections, but who knew very little of the trouble and expense that would necessarily attend them. The proposal of Dr. Parkes was a step in the right direction; and it would be wise for the Council to take the initiative in the movement for an enlarged representation.

Dr. A. SMITH said he was willing to adopt the first part of the motion; but could not consent to the latter part, which he was sure would give rise to a great deal of discussion, and it was impossible now to give the subject full consideration. He moved an amendment for the omission of the latter part of the motion.

Mr. HARGRAVE seconded the amendment.

Dr. STORRAR said that all the bodies represented on the Council elected their representatives according to the constitution of their respective charters; and he did not think that Parliament would interfere with those charters unless some special application were made by the bodies themselves for that purpose. With regard to the London University, the subject was made a matter of litigation, and the Court of Queen's Bench decided that the power of election was vested in the Senate. The Medical Act of 1858 did not dictate the method in which the bodies should exercise their powers.

Dr. BENNETT said nothing had been said which should induce the Council to interfere in the matter; and he felt sure that the Government would not be very willing to take it up. The proposal of Dr. Parkes would not be likely to quiet the clamour out of doors. He did not think that any of the proposed plans would be likely to improve the constitution of the Council. Dr. Parkes's plan might conciliate some persons; but it would not produce any important modifications in the Council. The public clamour had arisen greatly from a misconception of the functions of the Council. One reason that had been assigned for a change was that the present members were not cognisant of the wants and requirements of the great body of practitioners! He could hardly conceive a body of men more cognisant of those wants and requirements than the present members of the Council. He would be content to leave the subject entirely in the hands of the Government and Parliament. (Hear, hear.)

Dr. CHRISTISON said it was impossible at so late a period of the session to bring forward a scheme for the enlargement of representation. Lord De Grey had, no doubt, had the subject under his careful consideration. He (Dr. Christison) agreed with Dr. Parkes in thinking that there might be some advantage from an enlarged representation; but the trouble and expense of canvassing such large constituencies as were contemplated, would be immense. The number of the constituencies of Dr. Macrobin was about sixty; but on the proposed enlargement it would amount to several thousand.

Dr. APJOHN said, that the medical authorities already possessed the power proposed to be given to them by the motion. As to the large constituencies in Scotland, he suggested that they might be diminished by restricting the power of voting to M.B.'s who had graduated in arts. (Laughter.)

Dr. ACLAND thought the motion a very proper one; but he feared that it was now too late to press it, and its passing might lead to serious inconveniences, such as the appointment of a Commission. (Hear, hear.) The question after all was one of internal administration. Every medical body was represented on the Council; and he thought the matter might be safely left to them. He wished to move the previous question.

The PRESIDENT said, he thought that the motion was a reasonable one. He did not think that all the bodies had the power of enlarging their own constituencies. They were bound by their own charters, or by Act of Parliament, and there could be no objection to an enabling clause, giving them the power of enlargement. The question had been discussed for years, and was forced upon the attention of the Council; and he thought the Council could hardly refrain from expressing an opinion upon it. In answer to a question by Dr. Bennett, the President stated that there had been four elections for a member of the Council at the Cambridge University. On three occasions there had been no opposition. On the fourth he did not know the number of votes, but the proportion of medical to non-medical votes was not, he believed, more than one to twenty.

Dr. QUAIN said that the Council could not evade the question without a serious reflection upon its past proceedings.

Sir W. CORRIGAN said that to dispose of the subject by carrying the previous question, would be a very cowardly course of proceeding. He intended to move as an amendment, when the opportunity arrived, "That it is desirable that a clause should be introduced providing that the profession generally should be empowered to send representatives to the General Medical Council, and that representatives should be elected by the members of the profession resident in each division of the United Kingdom." The profession as a body, he said, had no voice in the election of the members of Council, who only represented particular bodies; and he thought it only just that the profession should have an independent representation. There would be no difficulty in forming electoral districts, and such a system would, he believed, work satisfactorily.

Dr. PARKES, in replying, said, if the proposed clause were introduced, the different bodies would probably take steps, where necessary, to enlarge the basis of their representation.

The motion of the previous question was then put. The numbers were, for, 10; against, 10. The President gave his casting vote against the motion.

The amendment of Dr. Smith was put and negatived. The motion of Dr. Parkes was put, and was also negatived, by a majority of 10 against 8.

The members of the Executive Committee were then re-elected.

Dr. ALEXANDER WOOD moved the following resolution:—"That on the 26th of February, 1870 (Minutes, vol. viii. p. 37), this Council passed a Resolution requesting the Universities and Medical Corporations established in each division of the kingdom to concert a scheme for the constitution and regulation of a conjoint Examining Board for that part of the kingdom to which they belong, and to transmit such Scheme for the consideration of the General Medical Council before June 1st, 1870. That by the Medical Act Amendment Bill now before Parliament a provision is made which renders the request in that resolution unnecessary if the Bill becomes law. That should the Bill not pass, such resolution is unnecessary. That the Council do therefore resolve to rescind the aforesaid resolution."

Mr. HAWKINS suggested, that instead of rescinding the resolution the date should be altered to the 1st of October, and moved a resolution to that effect.

The motion was withdrawn, and the amendment was adopted by the Council.

A Report on Returns and Registration of Students was read. Some other business on the programme was directed to stand over, or remitted to the consideration of the Executive Committee.

The customary vote of thanks, and other formal resolutions having been passed, the Session terminated.

[We have to acknowledge the courtesy always experienced by the representatives of the medical press from the officials of the General Medical Council.]

A GOOD SUGGESTION.

To the Editor of THE LANCET.

SIR,—Will you allow me to make a suggestion through the medium of THE LANCET?

It is with regard to the propriety of setting apart out of the funds accruing to the different corporate bodies under the new Medical Bill, when it comes into operation, a certain sum yearly, to provide prizes for the best essays on different medical subjects, written by qualified medical men; these prizes to be open to men irrespective of their place of education, and to be for *bonâ fide* original research. £100 coming from the coffers of the different Colleges would be as a mite from each. If the subject be worthy of attention perhaps you will favour the cause with your aid.

I am, Sir, your obedient servant,

M.D.

LONDON HOSPITAL.—Dr. Langdon Down and Mr. Walter Rivington were respectively elected physician and surgeon to this hospital on Tuesday last.

THE LANCET.

LONDON: SATURDAY, MAY 7, 1870.

THE Medical Council, in a sitting of six days, has discussed the Bill. Some of the essential clauses of it were clearly very unacceptable to the Council. But the most disagreeable pill, if it is well silvered, and especially if it is to save life, will be taken by the most fastidious patient. This is very much the case of the Council. The pill was bitter, and of the proportions of a bolus. But life is sweet, and the dose has been taken with as much grace as possible. The independence of the profession is very seriously threatened, and will go altogether if the Government cannot be influenced by the profession through Parliament. But what is that to the Council? It has never considered the profession much, and during the last week it has been too acutely anxious about its own interests to do so. There are two or three great features of the Bill which, of course, occupied the principal attention of the Council. We shall try to set before our readers its view of them.

On the very first day of its sitting the Council, as we intimated last week, got into a great flutter over those clauses of the Bill (3, 13, 18, 19, &c.) which deprive all the individual bodies, universities and corporations alike, of the power of granting a licence to practise. According to these clauses the licensing power is to reside only in the new Conjoint Board. No man, whatever his qualifications, is to be legally entitled to practise unless he is licensed by passing the Conjoint Board; which, by the way, in the Council, has been freely called "the State Board." But, argued the corporations, we have had a licensing power from time immemorial, and it has been a source of great profit to us. And a motion was passed which would have had the effect of leaving the true and final *licensing* duty in the hands of the various bodies at present conferring it, and making the parchment of the new Board a mere certificate of competency, not a licence proper. This, no doubt, is a fine distinction to unincorporated minds; but it mightily pleased "the bodies," and was passed. Next day, before we had well put into type the report of this most harmonious meeting, the Council most obediently undid what it had done the day before. The press was excluded, and a solemn silence reigned in the College for an hour or more. When the reporters were again admitted, it was to learn that intimations had been given by the Government, informally but very firmly, that these clauses of the Bill were essential and vital, and to learn further that, if the Government was firm, the Council was not. The corporations gave way. Dr. STORRAR moved "that the Council accept the principle of Clauses 3 and 13 of the proposed Bill." A few members of the Council urged that they had nothing then to do with the views of Government, that they had only to discuss the Bill in an independent and dignified manner; but the Council had no notion of a stand-up fight with Government, and, by a majority of 15 to 5, they reversed the motion of the previous day. The only attempt made to soften or lessen the fall of the Council on this point was in the form of a motion proposed by Dr. BENNETT:—

"That it is desirable, when considering the formation and scope of the schemes contemplated by the Bill, that due care should be taken, whilst maintaining the principle of Clauses 3 and 13, that in granting the licence to those who shall have passed the new Conjoint Board, provision should be made for securing, as far as possible, the co-operation of the medical authorities."

The gist of this motion is to make the "medical authorities"—universities and corporations—parties to the gift of the *licence*. In the light of Dr. BENNETT'S suggestion to the Lord President, it looks as if the unfortunate student of the future may, in order to get his simple licence to practise, have to pass more examinations than at present—namely, one by the College of Surgeons, one by the College of Physicians, and finally that of the Conjoint Board.

The next great feature of the Bill is the importation of the Privy Council as the final authority in respect of schemes for the composition of examining boards and rules for regulating examinations under this Bill. And the behaviour of the Council in regard to this clause was as obeisant as in regard to Clauses 3 and 13. The language of the Bill in reference to all those vital schemes of the Council is, that they are "*to be proposed by the General Medical Council to the Privy Council*"; and various clauses give the Privy Council power to confirm or modify the schemes. Some members of the Council seemed to think that this was putting the Medical Council into a very humble position—making its members clerks or draughtsmen of Bills to the Privy Council. But very feeble amendments of the clauses were proposed; and the Lord President, in his interview with the deputation, easily satisfied them that the power of the Privy Council was not one that the Medical Council need fear. True, the Bill gave the Privy Council power of modification; but this could only include true modifications; at least Lord DE GREY satisfied the deputation that at present no other construction would be put on the words, and he suggested, to prevent a dead-lock, that in the event of the Privy Council and the Medical Council not agreeing about a scheme, the scheme should be withdrawn by the Medical Council. The withdrawal of the modifications would, of course, follow. But with all Lord DE GREY'S explanations, we object *in toto* to this independent power of the Privy Council in matters so deeply affecting the medical profession. Already the Crown has its six representatives in the Medical Council. If the Council were not thoroughly distrusted by Government and by public opinion, as one made up of interested bodies, this would be sufficient. The remedy is not to give Government independent power, but to reconstitute the Council, which this Bill miserably fails to do. It is vain to look to the Medical Council to get this done. It means to act on the Vicar-of-Bray principle, and remain the Medical Council. Indeed, half the Council is rather glad to think that in the Privy Council it will have protection from the other half. But we are paying dearly for our corporations and Medical Council, if we are to barter away the independence of the profession for them.

The debate on a column in the Register for higher titles, contemplated by the new Bill, amply justified our criticism

last week, that the Medical Council is not a body fitted to judge whether the examination passed to acquire any title is higher or not than the examination of the Conjoint Board. The Council readily adopted a motion which simply shirks the difficulty. It carried a motion substituting the word "other" for "higher" titles. As was said in the discussion, and by Lord DE GREY to the deputation, there will be no end to additional titles, many of them perfectly unworthy of a place in the Register. The Council is so constituted that it could not pretend to discuss the value of titles. It is made up of bodies which can only work together on the understanding that they all respect each other's privileges and titles, and are not too critical of each other's examinations. It is becoming more and more necessary that the public should have the means of judging of titles. But this seems not likely to be forthcoming while we have a Medical Council constituted as the present one.

A very noticeable and significant feature of the discussion in the Council was the unanimous objection of the Universities to come under the operation of Clause 20 in as far as it might require them, under certain eventual schemes, to give their minor titles to persons passing the Conjoint Board. To the credit of the Universities, be it said, they not only carried the motion declaring it not expedient that University degrees should be conferred on licentiates without additional and higher examinations than those required for obtaining the licence, but they seemed quite careless about any share in the surplus of income. The Universities had another spirited victory in regard to their right to confer degrees on persons who have not passed the Conjoint Board. Such persons will not be licensed practitioners, but they will be medical graduates. If all the Universities were equally high and strict in their examinations, it would be clearly right not to qualify their power to confer degrees. But we know some of them are very far from strict, and it is by no means clear to us that if power is left to the Universities to confer degrees on persons who have not passed the Conjoint Board many such graduates will not practise on the strength of their degrees. It is quite true they will not be licensed practitioners. But who is to prosecute them? We shall see shortly that the Medical Council would not do so, and public opinion would not warrant any local prosecution of them. In this way the end of the new Bill might be frustrated.

We must notice two other proceedings of extreme interest to the profession. One was a motion to the effect that it is not expedient that the prosecution of persons violating the Medical Act should devolve on the Medical Council. The Council, with little compunction, spends seven or eight hundred pounds over its own session, and on lengthy discussions of often unimportant subjects; but it will take no trouble and spend no money over punishing and prosecuting parties who violate the Act and pass for registered practitioners when they are not such.

Lastly, the Council rejected a very moderate proposal of Dr. PARKES, to introduce into the new Bill a clause which would enable the medical authorities to elect representatives on the Medical Council on an enlarged basis. It is only fair to say that this proposal was supported in very clear and hearty terms by the President, and many others. But, nevertheless, the motion miscarried, and the Council goes to Parliament averse to any change in even the mode of election of its members that would bring it into greater harmony with the profession at large. So much the worse for the Council.

The Council resolved, finally, in favour of the general principles of the Bill, which still seems to us a very imperfect one; which settles nothing and unsettles everything; which is calculated to set corporations against corporations, and the corporations against the universities; which subjects the Council to the Privy Council, and assigns the regulation of the profession finally to a department of the Government; which, while pretending to establish one portal to the profession, threatens to create two or three; which makes no provision for prosecuting offenders against the Medical Act; and which leaves the Medical Council large, costly, and unrepresentative as before. Such a Bill may pass; but it shall not have our approval, and we foretell that its operation will contribute little to the honour or harmony either of the profession or its corporations.

AN important communication has recently been made by Dr. HERBERT DAVIES to the Royal Society, in which much light has been thrown upon the mechanism of the heart in its healthy condition, and upon the influence which pulmonary and other diseases exert in altering the normal state of the orifices, and therefore indirectly the structure and action of the heart itself. Dr. DAVIES starts with the proposition that, although, to ordinary observation, the orifices of the heart appear to present no mutual relationship of size, there can be no doubt that an instrument so accurate in the adaptation of its valvular apparatus, and so exact in the working of its different parts, must reveal, on close examination, the existence of laws which determine not only the force required to be impressed upon the blood traversing its chambers, but also the relative sizes of those apertures to one another; and it is his endeavour to show what these laws are. Now we are not destitute of an accurate knowledge of the exact measurements of the circumferences of the heart's orifices—M. BIZOT, Dr. PEACOCK, and Dr. REID have furnished us with trustworthy details upon this particular point; but no attempt has been hitherto made to establish the existence of any particular relationship between the orifices, founded upon a comparison of these measurements. Dr. DAVIES has now, however, carried matters a step further, and, by calculating from the ascertained circumferences the areas of the respective openings, he has discovered that, although the latter differ widely in their several magnitudes, yet the area of the tricuspid bears the same relation to that of the mitral as the area of the pulmonic does to that of the aortic orifice; and this is found to be true, not only in the case of man, but, as far as Dr. DAVIES's observations have gone, also in the case of animals of different kinds—for instance, the horse, ox, donkey, calf, sheep, pig, and dog. It follows that if the areas of any three of the openings be known, the area of the fourth can be correctly calculated. A strong and healthy man died in the London Hospital soon after the receipt of an injury which fractured the spine. Dr. DAVIES measured the pulmonic, mitral and aortic orifices, calculated the area of the

tricuspid, and then measured its circumference. He now worked out its area, and on comparing the difference between the result of actual measurement and that obtained by calculation from the law of the orifices, found a difference only of ·098 sq. in.; so little, indeed, that it is easily accounted for by an error in the actual measurement of the orifice. But it is likewise discovered that the ratio of area in any two corresponding orifices is almost constant. In the healthy heart the area of the tricuspid is about 1·3 times that of the mitral opening, a like proportion existing betwixt the pulmonic and aortic orifices; and, by measuring the two openings of either side, it is possible to deduce the size of the other two on the opposite side of the heart. Further, one healthy orifice being known, the size or area of the corresponding opening in the other side of the heart can be approximately determined; and, as Dr. DAVIES further points out, should the latter be diseased, its deviation from the normal size can be at once calculated, with the amount of narrowing or dilatation. It will be at once evident that this is a very important consideration in relation to valvular diseases of the heart, and in ascertaining the actual degree of alteration in calibre which the heart's orifices have undergone. Dr. DAVIES illustrates in detail the mode of estimating this alteration in cases of mitral constrictive disease, bronchitis, and phthisis. Rather a wide field of inquiry relative to the varying influence of diseases, accompanied by obstruction to the circulation, in altering the chambers of the heart, is also opened up by these researches. But there is one more point to which we must allude. Dr. DAVIES traces out the reasons why the four orifices of the heart present such differences in the magnitude of their areas. Space only permits us to state his final conclusion in general terms. The two ventricles, contracting with unequal forces, expel equal quantities of blood in equal time and at the same time to unequal distances; and the perfect synchronism of the ventricular contractions is obtained by an exact graduation of the areas of the orifices of the aorta and pulmonic artery to the muscular force respectively impressed upon the contents of the two ventricles in systole, and consequently to the velocities of the stream of blood issuing from these two orifices. The ratio of the velocities of the currents of blood passing through the aortic and pulmonary orifices is as 4 to 3; the difference in the area of the two openings, the aorta being the smaller, but its current having the greater velocity, accounts for the fact that the same amount of blood flows through each in the same space of time. The same line of argument holds good as regards the filling of the ventricles through the tricuspid and mitral orifices during diastole, the velocities of the respective currents being as 5 to 7. The mean rates at which the four currents travel being—aortic 1·3, pulmonic 1, mitral ·4, and tricuspid ·28 mile per hour; in other words, the current which flows through the tricuspid enters at one-fifth the velocity of that which leaves the aorta. In truth, it is not merely as heretofore a matter of inference, but, it would seem, of actual demonstration in Dr. DAVIES's hands, that, in regard to the orifices of the heart, the areas and the velocities of passing currents are combined in health in that very manner which alone will secure that proper and unembarrassed action of the heart which is requisite to a correct circulation of the whole mass of blood.

Dr. DAVIES's paper, the contents of which we have thus briefly summarised, deserves to be very carefully studied by everyone who is in the least degree interested in cardiac pathology.

AMONG other indications that the recent disclosures about the occasional brutalities of asylum attendants have sunk deep into the public mind, and are even now preparing the way for effectual reforms, we may notice an article on "Non-restraint in the Treatment of the Insane" in the current number of the *Edinburgh Review*. The author seems to have no very profound knowledge of the subject with which he deals; and the arguments that he advances, as well as the suggestions that he makes, can scarcely be said to contain anything very original, seeing that they have already appeared in *The Times* and in our own columns. It is, however, to be hoped that the author has been led, by the light of common sense alone, to conclusions that we have ourselves reached by the aid of some special knowledge, and that we hold to be absolutely unassailable. When a writer in the *Edinburgh Review* adopts them, we may reasonably hope that even country justices will in time be brought to see that the result of the system they have pursued has been to produce superintendents "saturated with a vicious spirit of routine which they unhappily term experience," and from whom it will be impossible to obtain either impartial opinions of the present or valuable suggestions for the future. The reviewer quotes Dr. HALLARAN as having described the circular swing, one of the instruments of torture of the time before CONOLLY, as an invention "that no well-regulated asylum should be without"; and Dr. HASLAM, the then apothecary to Bethlem, as having said to a committee of the House of Commons in 1815, "I am so much regulated by my own experience that I have not been disposed to listen to those who have had less experience than myself." *Le jour se passer*, but the alienists remain, and the "bad experience which is the bane of lunatic establishments" still stands in the way of the most necessary reforms. When the frequent rib fractures were first noticed by the press, some superintendents denied their occurrence, others attributed them to preternatural brittleness of bone, others to self-inflicted injuries. None, or at least very few, had the candour of mind necessary to see the manifest truth; and the loud majority eagerly declaimed against a belief in facts that were as conspicuous as the sunlight. Now, as on former occasions, any improvement that may be wrought in the treatment of the insane will be forced upon their official rulers from without, in spite not only of apathy, but even of invective and determined opposition.

Besides referring to the unwieldy size of existing asylums, to the impossibility of exercising adequate supervision over the attendants, and to other defects that are universally admitted, the reviewer does good service by calling attention to one especial hardship of the often life-long imprisonment of the inmates. He says:—

"Let us enter one of these fair asylums, which, according

to Professor Paget of the Cambridge University, 'is the most blessed manifestation of true civilisation that the world can present.' Let us pass along these interminable wards and examine this paradise which rouses the Professor to such enthusiastic approval,—not with heart hardened by long endurance, and deadened by that dreadful experience which kills all attempts at reform, but with a fresh mind which does not refuse the lunatic, in his harmless condition, at least some of the ordinary feelings and emotions of our common humanity. The first thing that strikes us is the monastic and cloisteral system which obtains. It would appear as though it were an offence, in asylum life, for men and women to meet together. We all know the amenities that prevail in convent life, and of the manner in which nuns love one another: how then can we wonder that the female patients we pass in the long galleries are eaten up by utter vacuity and dreariness; or that the men only a stone's throw off herd hopelessly together, starved of some of the best feelings of ordinary life, such as arise from social intercourse with the other sex? It strikes one with astonishment to see the airing courts thus sorted, as if especially to make the wanderers miserable,—to see that even meals cannot be taken in common. We ask in vain why this unnatural division is established; a division which, while it violates nature, deprives the physician of one of his best means of cure."

We think it would be impossible not to admit the force of this picture, or the value of the suggestion for bettering the social life of the insane that it contains. But we agree even more completely with the reviewer's opinion that the harmless lunatic, especially when incurable, should be restored to family life, either to that of his friends, or as a boarder under supervision with people of like station to his own; according to the plan which is now to some extent carried out in Scotland. We altogether disbelieve in the *curative* influence of the modern asylum; and strongly suspect that the recoveries within its walls are little, if at all, aided by its peculiarities. Where recovery cannot be looked for, the present system of perpetual imprisonment seems to us to be at once cruel and unnecessary. An overwhelming majority of the insane are perfectly harmless when at liberty; and, according to the Commissioners, 6600 insane paupers now reside with their friends in England. To pay a quarterly visit to every person of this class in his district is one of the duties of a union medical officer; and how rarely do we hear of any misadventure arising from the liberty accorded them. Before the present overgrown asylums were in existence, almost every English hamlet had its harmless lunatic, whose pittance from the Poor Law was increased by the gifts of the kindly neighbours to whom he could render many little services in return; who was a privileged and seldom an unhappy peripatetic, able to watch the beauties of the changing seasons, to visit the haunts familiar to him from childhood, and to worship in the church near which his bones would at length be lain. For these unfortunates we now prescribe the discipline of an asylum, the tender mercies of an attendant, and the nominal supervision of a mad doctor. We venture to think that we lose on all points of the change; that the cost of maintaining the lunatic is increased; that his absence and seclusion relieve his relatives from a duty which they ought to fulfil, and withdraw from his neighbours a wholesome claim upon their charity; and that to the prisoner himself the asylum brings hopeless misery. We should be glad to open the doors of the huge gaol now maintained in every county; and, under varying conditions of supervision, to restore about seven-tenths of the inmates to society, and to some modified form of liberty. We should then have good hope that the mad doctors would have leisure and opportunity to remember that they were physicians before they became superintendents; and that they would address themselves strenuously to that almost unattempted problem—the curative medical treatment of the curable insane.

THE letter of Dr. ACLAND to *The Times*, in which he suggests that the present demand for female medical education might be met, to a great extent, by a distinctive training by which women might be qualified—first, for practice in the diseases of women and children; and, secondly, for the management of hospitals as matrons and superintendent nurses, without giving to them a full general right to practise, is one that demands full and earnest consideration; not only from the eminent position and well-known sagacity of the writer, but also because it seems to point out a thoroughly English way of meeting a difficulty by a compromise. Dr. ACLAND is of opinion that his scheme will certainly be acceptable to many of the educated women of England, and as certainly unacceptable to a few. It will be unacceptable to those who hold that women are physically and morally well fitted for medical duties, and that they ought at once to enter upon the entire fruition of their fitness. We beg leave to remind those who so argue that women, whatever their essential fitness may be, have yet to struggle against tradition, custom, and prejudice; that, in short, they have to win their way, and that they must be content to win it step by step. We have to consider not only what is abstractedly desirable, but also what is practicable in the age in which we live; and we do not think, whatever demand there may be on the part of female students for medical education, that there is as yet any corresponding demand for doctresses on the part of the public. Speaking entirely in the interests of our would-be coadjutresses, we think the cause they have at heart would be seriously injured if some dozen or score of women were to assume, during the next year or so, all medical and surgical functions; and were then to find that our existing social system afforded no place for them, no scope for their activity, no prospect of their experiment being a success. If women doctors are in some form inevitable, and we think there can be little doubt that such is the fact, the wisest course of those interested in the subject will be to educate public opinion gently and gradually to the point of recognising and receiving them in a medical capacity. Dr. ACLAND's proposal would have this effect; and, although it falls short of the desires of a few, we think it should fully satisfy the reason of the many.

For ourselves, we regard the question as a social rather than as a medical one. Women, as a sex, have a good deal to learn before they could start on equal terms with men in medical practice; and we make no secret of our belief that the peculiarities of the female organisation would place peculiar difficulties in the way of their progress. With re-

gard to Dr. ACLAND'S proposal about children we have nothing to say; but we greatly doubt whether the women of England are at all prepared to be given over to the treatment of their medical sisters. Women hate one another, often at first sight, with a rancour of which men can form only a faint conception; and they have become accustomed to a certain tenderness in sickness, arising remotely from the different sex of the doctor, which they would surely and deeply miss under the proposed *régime*. We tender all thanks to Dr. ACLAND for his suggestion, but we hope that neither he nor others will underrate the difficulties that stand in the way of its adoption. Miss GARRETT, in *The Times* of Wednesday, has promptly raised her voice in disapproval; and has urged against the proposal all those arguments by which a thoroughgoing partisan can always prove the wretched immorality and ineffectiveness of a measure which gives and takes between conflicting opinions. *Reculer pour mieux sauter* has not been the principle which has guided Miss GARRETT in her own brilliant and honourable career; but it is none the less a principle which might be advantageously accepted by her sex in general. We can hardly state Dr. ACLAND'S case more strongly than by saying that all would-be doctresses are not Miss GARRETTS. If they were, they would be alike careless of our obstructiveness and independent of our help; but, until they are, we think they would do well to meet in a friendly spirit a proposal that would at once place them on the lower steps of the ladder that they propose to climb.

Medical Annotations.

"Ne quid nimis."

THE COUNCIL IN COMMITTEE.

THESE words are probably enough to explain to our readers the long sitting of the Council. Each member has been at liberty to speak any number of times on the same clause of the Bill. Resolutions and amendments have been so numerous that it was not always easy for the members of the Council to distinguish them; accordingly it frequently happened that hands were held up for the wrong motions, or for both the amendment and the original motion, when the mistake was discovered in time. There is some excuse for the length of time occupied by the Council, inasmuch as it cannot be denied that, happen what may, the Bill materially affects the interests of all the bodies represented in the Council. But in many cases this was not a sufficient excuse for the amount of talk. And we must single out one conspicuous culprit—our old friend Sir Dominic Corrigan. It is difficult to be angry with the Irish baronet, for there is a liveliness and an approach to fun or sport in his opposition which relieve the general dryness of debate; and, to do him justice, his obstructiveness occasionally seemed to be of the nature *of* obtuseness. But Sir Dominic has really tried patience on several occasions during the recent session by his endless repetition of the same ideas and the same words, and by the disproportion between the time he has occupied and the importance of the motions he has had to make. It is not likely that anything we can say will induce Sir Dominic to alter the style of his opposition and his eloquence. But one fact he may perhaps regard, and that is the loss of his own influence in the Council. It was very noticeable that whenever Sir Dominic made a proposal, the carrying of it seemed to be hopeless. His advocacy seemed fatal. Sir Dominic need not be powerless. His general acuteness, both of sense and speech, might make him powerful in the Council, if only he would look at things occasionally in other lights than those of the Queen's University, and not speak as if his object was to obstruct and to lengthen the meeting of the Council.

THE ORATION AT THE MEDICAL SOCIETY OF LONDON.

WE anticipated for Mr. Francis Mason the warm reception accorded to his oration, delivered at the Hanover-square Rooms on Monday last before a large audience, composed of the Fellows of the Medical Society of London and the numerous visitors invited to be present on the occasion. Mr. Mason brought together a mass of interesting facts, culled from the early and late records of the Society's doings, which he has been carefully examining for the past two years. The details, the mere statement of many of which, moreover, caused, from their very quaintness, great laughter, showed how powerfully the Society has, from its foundation, aided in advancing medical science. Whilst, on the one hand, nothing could more clearly exhibit how rapid has been that advance than the, to us nowadays, ludicrous and absurd pathological and therapeutical doctrines solemnly enunciated and supported a few years ago by the ablest men at the meetings of the Society; on the other hand, much of the current practice of our time, especially in the matter of conservative surgery, was, if not in its present perfectness, at least in substance, taught and adopted by members of the Society long ago. We hope to present to our readers next week a full abstract of the oration, which was well delivered and frequently applauded.

THE NIGHTINGALE FUND.

THE Report of the Nightingale Fund for the year 1869 shows an income from trust funds of £1553, which, with the balance from the former year of £974, and a couple of small accounts, raise the entire receipts to £2572. The expenses of training hospital nurses at St. Thomas's Hospital are put down at £1013; gratuities to nurses at £46; advertisements, &c., and Secretary, £141; and repayment to a probationer £30, leaving a balance of £1341, or £328 *more than* the whole sum expended in training nurses!

During the year the Committee have undertaken the female nursing of the Royal Victoria Hospital, Netley, and of the Workhouse Infirmary at Highgate. A superintendent and six nurses were despatched in November last, and it is remarked in the Report that "four of these left other situations for this service." Yet the Committee started at the commencement of the year with eighteen probationers, many of whom had already completed their time; and during the year a similar number of probationers was admitted. Of these, however, one was dismissed, six were found unsuited to the work, and four were allowed to resign; whilst sixteen were recommended to appointments, and nine remained to complete their course of training. We cannot regard this as a satisfactory statement of work done. That only twenty-five out of thirty-six probationers should come to maturity shows, we think, either carelessness in selection or want of skill in training; and when we look at the price paid for the work done, we still less think that the work fulfils the intention of its benevolent founder. It is true that not nearly all the fund is spent, and we ask, why not? Surely there is no lack of women ready to be trained for nurses; or if there is, there must be something rotten in the management of the training department. Certainly there is no cessation of the cry for good nurses,

both in hospital and private practice; and we could wish to see a less handsome balance—which, by the way, ought to be invested—and greater efficiency in the manufacture of nurses.

WHAT IS A CORPORATION?

THE assertion of the right of the Fellows and Members of the College of Surgeons to elect a representative in the General Medical Council raised, incidentally, the further question as to what is the corporation of the College of Surgeons. We have never had any doubt upon the subject ourselves, and any intelligent reader of the College charters can have but one opinion. Still, as Mr. Busk—a member of the College Council—appears to imagine that the Council has corporate rights distinct from those of the Fellows and Members, we think it well to quote the following paragraph from the preamble to the charter of 1852, which is quite conclusive on the matter:—

"And whereas the *body politic and corporate* of the said College at present consists of persons created Members of the said College by the said first-mentioned charter, or constituted such members by letters testimonial, under the common seal of the said College, of the respective qualifications of such persons to practise the art and science of surgery, and also of persons created Fellows of the said College under the provisions of our said letters patent, and elected and declared to be Fellows of the said College by one general diploma, under the seal of the said College, enrolled in our High Court of Chancery, and also of other persons appointed under the powers of our said letters patent, by the Council of the said College, to be Fellows of the said College by diplomas under the seal of the said College, and also of other persons, who after having attained the age of twenty-five years, and complied with the rules and regulations directed by the bye-laws of the said College, and having passed a special examination by the examiners of the said College, have been admitted Fellows by diplomas under the seal of the said College."

The "governing body of the said College" is immediately afterwards defined to "consist of a Council of twenty-four persons," and these are elected by the Fellows as their *representatives* only, but not as usurpers of the rights of the corporation. This is a view which Mr. Busk is, we know, loth to accept, but which may possibly be unpleasantly forced upon his attention next year, when his turn for re-election to the Council will probably come round.

PROMOTION AND RETIREMENT IN THE ARMY MEDICAL SERVICE.

THE *Army and Navy Gazette*, in adverting lately to the anticipated publication of a new warrant for the Army Medical Department, entered upon what it justly terms the sore question of promotion and retirement. There can be no doubt that a period of stagnation has set in, and that the authorities must before long devise some scheme or other for accelerating promotion. In the combative ranks of the army, when an officer retires with the rank of a Major-General even, he has not necessarily reached his ultimatum, for he may still become a Lieutenant-General or full General, and obtain a military command or a quasi-military governorship. With the administrative ranks of the medical service the case is altogether different. The Inspector- or Deputy Inspector-General cannot hope to rise in rank after retiring from the service; his income is diminished, and as to the military title that he may bear away, it affords him no advantage. Under these circumstances, it is not surprising that officers of the senior ranks refuse to budge. As our military contemporary remarks, the ages of the men now inspectors and senior deputy-inspectors are nearly alike, so that, unless some move be made in the higher grade, all will reach the age of sixty about the same time, and the deputies have to retire upon a scale of pension altogether out of proportion to that of the inspectors-general, and of that of other branches of the service. And the prospect before the surgeons-major is not, of course, a cheering one. It has been suggested that the deputies should become inspectors after having completed a certain time in the administrative rank, and be compelled to retire after a certain number of years' service in that rank, just as general officers can only hold their commands for five years. So far as we can gather, the introduction of some such rule as this would be popular. It would not be at all unjust to the senior officers of the administrative ranks, and it would afford some prospect of promotion to the remainder. The administrative ranks are the only prizes which the army medical service has to offer. It seems to us that it is only by tapping the stream at the top that the just distribution of these rewards and the circulation of promotion can be attained. It might be urged that by a compulsory plan of retirement the service would lose a few men of acknowledged ability; but we do not know how many men there may be of whom the same might be said if they only got a chance of exhibiting their capacity. The Secretary for War might, moreover, be empowered to retain the services of an officer under exceptional circumstances, and in the case of war; but the necessity for his doing so would be extremely rare.

THE PROFESSION AND THE GOVERNMENT BILL.

IT is to be hoped that all persons in London who signed the Memorial to the Council and the Government on the subject of Medical Reform, will make a point of being at the meeting in the Freemasons' Tavern on this day (Saturday, May 7th, at 3 o'clock). We gather from the terms of the notice of the meeting that the executive desire to give the fullest opportunity of discussion, so that any resolutions passed may really express the sense of the meeting. It is of the highest importance that this meeting should be a large one, and that it should express itself explicitly on two points at least,—first the constitution of the Council, and secondly its independence. The Bill altogether ignores the claims of the profession to be represented on the Council; and it subordinates all the schemes and rules of the Council on important subjects, such as the composition of examining boards and the conduct of examinations, to the confirmation and modification of a department of the Government. Our views on this and other points of the Bill are set forth more fully elsewhere. It is not often that the profession is called upon to discuss matters so seriously affecting its future interest and reputation. Let us show that we can sink all differences, and as members of a common profession claim to be represented in a Council which represents us, and to have that Council independent and authoritative. There is the more difficult question of the composition of the new examining boards, about which opinions will naturally differ; but it is well worthy of discussion in all its bearings by the meeting of to-day. The Medical Reform Union have worked with great clearness of purpose and moderation, and at the same time with great energy. They deserve to be well supported.

THE SPECULUM.

WE have received a pamphlet purporting to be written by a "Fellow of the Royal College of Surgeons," and bearing the odd title of "The Speculum, its Moral Tendencies," which seeks to revive an almost forgotten controversy. As a matter of course, the author does not refer to the moral tendencies of the instrument itself, but to those of its em-

ployment; and he maintains that the speculum is improperly and indiscriminatingly used by many men highly placed in the profession, and that the practices of these men leave their results in the lowered and loosened state to which they are rapidly bringing the morality of the country.

It is manifest, we apprehend, that such a pamphlet as this cannot fulfil any good or useful purpose. Its only possible effect would be to distress some modest and virtuous woman for whom the speculum had been employed or suggested; and to render her unwilling to submit to treatment by its aid. No one can possibly heed vague anonymous accusations against an entire profession; and the author, if he intended his protest to have any weight, should have published his name, and an outline of some of the circumstances on which his opinion has been founded.

Even if it be true, as stated by the writer, that there are women who force their doctors to use the speculum, we should still demur to his conclusion that they are thereby demoralised. The demoralisation would, we think, be an antecedent rather than a consequent—a cause rather than an effect. And the fact is, that medical and surgical examinations of the sexual organs are, as a rule, too much affairs of business to be attended with any moral consequences whatever. Most practitioners require the presence of another woman when such examinations are made, and both patient and doctor usually take the whole proceeding as a matter of course—as much so as the examination of the tongue or of the chest. It is of course possible that a few morbid-minded women may derive some undesirable form of satisfaction from going to a doctor; but we suspect they would go to talk about their complaints if the speculum had never been discovered; and we wholly disbelieve the very unpleasant suggestions of the singularly nasty pamphlet to which our duty has compelled us to refer.

THE LYMPHATIC SPACES OF THE EYE.

THE last number of the *Quarterly Journal of Microscopical Science* contains a good *résumé* of Schwalbe's paper on the lymphatic spaces of the eye, contributed to the first part of Schultze's *Archives of Microscopical Anatomy* for the present year. In this paper are described the lymphatic spaces of the posterior division of the eyeball, which include the perivascular spaces of the retina, the perichoroid space with its efferent channels, and, finally, a lymphatic space between the outer and inner sheaths of the optic nerve, which, without communicating with the other two, opens directly into the arachnoid sac of the brain. Between the inner surface of the sclerotica and the outer layer of the choroid is a space which was recognised by Arnold as a serous cavity, and to which the name "arachnoidea oculi" might be given. It is distinct from the lamina fusca, though in part occupied by connective tissue, elastic fibres, and stellate pigment cells. The opposed surfaces are smooth and shining, and, after treatment with nitrate of silver, exhibit epithelial markings with oval nuclei. It is most distinct in white rabbits, but cannot be demonstrated in the eye of man, on account of the difficulty of obtaining fresh human eyes. When filled with a coloured fluid by injection, the space was found to reach backward to the neighbourhood of the entrance of the optic nerve, and forward as far as just under the ciliary processes. The injection left the ball at four points corresponding to the entrance of the vense vorticosæ, and cross sections showed that the veins were encircled by the injection. On escaping from the globe, the injection filled the capsule of Tenon, which again was found to communicate backwards, by a cylindrical channel surrounding the outer fascia of the optic nerve, with the arachnoid space of the skull. Besides the canal just spoken of as surrounding the whole optic nerve, to which the author gives the name of "supravaginal" space, there is another included between the two fasciæ of this nerve, which he calls the "subvaginal." This is continuous with the arachnoid, but does not communicate with the proper lymphatic spaces of the eye.

THE MEDICAL BILL AND ACADEMIC DISTINCTIONS.

THE Lord President of the Council has requested the Senate of the University of London to inform him whether they see any objection to the Act 17 and 18 Vict., c. 114, and the 53rd section of the Medical Act of 1858—by which power is secured to the University to grant a legal qualification to its graduates to practise—being added to the Acts and sections proposed to be repealed by the new Medical Bill. The Senate have replied, that to such a surrender, as part of a general scheme involving a like surrender on the part of other licensing bodies for the consolidation of the medical profession, by the adoption of one uniform minimum qualification, they are prepared to assent; but as the Bill of the Lord President proposes not only to deprive the University of power to grant its graduates a legal title to practice, but also to prevent the conferring of degrees upon those who may prove themselves qualified to possess them, unless they shall have first passed the conjoint board; the Senate will not feel satisfied with any scheme for the establishment of this Board which does not provide for the exemption of undergraduates who have passed the first M.B. examination from all but the *final* examination of the Board, and for their admission to it on payment of a fee of five pounds. The Senate believe that it would seriously detract from the value of academical distinctions and rewards if the previous consent of any other body should be a necessary condition for candidature for them. We understand that the Lord President has conceded the point urged by the Senate of the University.

"HOSPITAL SUNDAY."

WE have to repeat the request that our readers would kindly make us acquainted with any steps taken within their cognisance for the establishment of "Hospital Sunday," that we may from time to time report progress. One would have thought that the success lately obtained by the first "Hospital Sunday" in Manchester, where upwards of £5000 have been realised, would have set all the secretaries and managing committees of hospitals, infirmaries, &c., in motion throughout the kingdom. Surely it cannot be that a plethora of funds exists in these institutions. We had a notion that nine-tenths of them were in a condition of impecuniosity, and that they would eagerly have availed themselves of a suggestion which would enable them to dispense with the frequent appeals they now have to make to public benevolence. Is it supposed that the end we had in view is one to be wrought out by the public for the benefit of the medical charities? Imagination can hardly conceive a greater improbability. No; if "Hospital Sunday" is to become a recognised institution, it must be brought about in large measure by the active efforts of the medical charities themselves. Take London for an example. Never a week passes but the columns of *The Times* and other journals exhibit urgent appeals from this or that hospital; and yet, so far as we can learn, there has never been the slightest attempt made by any of those officials whose signatures are attached to the begging advertisements to set on foot the "Hospital Sunday" movement. Yet we believe that if representatives from half a dozen of the unendowed London hospitals were to form an *ad interim* committee to wait on the Bishop of London, the Lord

Mayor, and other influential persons, a public meeting might be called which would float the metropolitan "Hospital Sunday" under circumstances to leave no room for doubting its success. Whether this hint will be taken or not remains to be seen.

We observe that the question of a "Hospital Sunday" has been mooted at Liverpool. It appears that for many years past it has been the practice to have annual collections for certain local charities; but the fact that certain of these charities are educational and denominational institutions, added to defects in the method of collection, has led to a result which, comparatively speaking, may be called abortive. Only £1128 were realised in Liverpool by collections from congregations last year; and putting this into comparison with what has been done at Birmingham for years, and at Manchester this year, it does appear to us that "Medicus," in speaking of it in the *Courier* of the 17th of March as a "pitiful sum," used an expression by no means too severe. We believe, with "Medicus," that a princely sum is kept back every year from the Liverpool medical charities by the want of "Hospital Sunday"; and we strongly urge upon those who have the management of the medical charities in that city to throw themselves heartily into the work of establishing one forthwith. Simultaneity and universality of collection, the avoidance of everything savouring of sectarianism, and the distribution of the proceeds, on the Birmingham plan, to *medical* charities only,—these are the conditions essential to the success of the movement everywhere.

THE DERBYSHIRE GENERAL INFIRMARY.

MR. FEARN has resigned his office of senior surgeon to the Derbyshire General Infirmary, and we are gratified to note the high terms in which the various governors of the institution, who took part in the business of the quarterly meeting, spoke of that gentleman's services to the charity. The Rev. E. H. Abney, who proposed a vote of thanks to Mr. Fearn, expressed the feeling of the lay governors with respect to that gentleman's conduct; and his colleagues, Messrs. Wright Baker and Wright, bore witness to the cordiality which had ever existed among the members of the medical staff whilst Mr. Fearn had been a member of it. Mr. Fearn's name will always be connected with the important question of the surgical treatment of aneurism of the root of the neck, since he was the first surgeon to tie successively the carotid and subclavian arteries for innominate aneurism, the patient recovering from both operations. These were performed in 1836 and 1838, and were duly recorded in THE LANCET of those years. The preparation of the aneurism was brought before the Pathological Society of London in 1866, and is now in the Museum of the College of Surgeons.

The vacancy in the surgical staff of the infirmary, caused by the retirement of Mr. Fearn, was warmly contested by two gentlemen of local reputation, and was eventually allotted to Dr. Curgenven, lately house-surgeon of the Infirmary, by a majority of seventy votes.

RELAPSING FEVER IN LONDON.

IT is satisfactory to learn that relapsing fever has so greatly diminished that it will be no longer necessary to keep open the Hampstead Fever Hospital. The various boards of guardians have received notice that no more patients will be admitted after the 13th inst., and the hospital will be closed as soon as the remaining patients shall have left. It may be hoped that these superb wards may yet be utilised for some other class; and we would venture to suggest that they might well be employed for the purpose of relieving the Clerkenwell Workhouse, in which there still remain a large number of sick persons for whom the accommodation is totally insufficient; indeed, we feel confident that if the opportunity were afforded them, the guardians would be thankful for such an escape from the difficulties in which they are now placed.

POOR-LAW REFORM IN PARLIAMENT.

WE beg to call attention to a letter of Dr. Rogers in another column inviting the profession to support, by its influence with members of Parliament, Mr. W. H. Smith's forthcoming motion for a Royal Commission on the administration of the Poor Laws. Our readers will remember that we have for a long time past persistently maintained that such a Commission is absolutely necessary. We welcomed the limited movements towards Poor-law reform indicated by Mr. Hardy's Metropolitan Poor Bill, and by the successive steps which Mr. Goschen has taken towards equalisation of the metropolitan rates; but we have always regretted the piecemeal character of all this legislation, and insisted that the question of pauperism ought to be dealt with as a whole. No attentive observer of the progress of social questions can doubt that the changes impending over our system of dealing with the indigent poor must inevitably proceed in the direction of increased centralisation; and if this be the case, it is of the highest importance that these changes should be preceded by a scientific investigation of pauperism, not merely in London, but in all parts of the kingdom, in order that the question may be approached from a national and statesmanlike point of view. It is the favourite argument of those who denounce centralisation in administrative government that it promotes extravagance; but the most effectual check that can be put to this tendency will be found in changes which will at once extend and unify the area of centralised administration, and render the administrators sharply responsible to Parliament and to public opinion. Such changes will never be sanctioned by Parliament till the facts which justify them are thoroughly understood by the Legislature, and a Royal Commission is the only possible means of eliciting the necessary evidence. We earnestly call upon all medical men who possess any influence with members of Parliament to exert that influence in procuring active support to Mr. Smith's motion on the 13th instant.

CHOLERA AT FORT WILLIAM.

DR. BRYDEN, in his late Report on Cholera in India, when speaking of the new double-storied barracks of that country, makes some remarks as to the probable effect which the occupation of these buildings might have in diminishing the liability to cholera; although it is certain that troops located in these have not always escaped. The case of Fort William was referred to. These barracks are lofty, and the Fort has enjoyed comparative immunity from cholera for about seven years. In the beginning of last month, however, one of those extremely localised outbreaks of the disease, which are apparently so inexplicable, occurred there. Three persons belonging to the 19th Regiment, including an officer, were attacked almost simultaneously, and two of the cases died. The quarters occupied by the patients were far apart from one another. Not a case of cholera has taken place at Fort William for two years; and the disease is not only not epidemic, but Calcutta is at the present time quite free from it. We believe we are correct in saying that the water supplied to the Fort has of late years been filtered, and is considered very good. It is by an exhaustive study of these localised outbreaks, where the extent of the

disease is circumscribed within the narrowest limits, that we can hope, if at all, to unravel the facts connected with its origin and development. What was the common link connecting together these cases of cholera? During an epidemic, when the extent of the disease is large and the spread of it rapid, there are, doubtless, many factors in operation, and the task of assigning to each its relative importance is extremely difficult, if not impossible; but it ought to be different where the surrounding conditions are known and the antecedents of an attack are capable of being followed out. Suppose the gentlemen sent out from Netley were to concentrate their attention on ascertaining all the facts relating to an outbreak of this kind.

THE NURSING AT THE SOUTH DEVON HOSPITAL.

THE governors of the South Devon and East Cornwall Hospital, at Plymouth, are at present in some difficulty with respect to a proposed alteration in the nursing arrangements of the institution. It is allowed that the present nursing is not all that could be desired; but the question is how an improvement can be made without injuring the interests of the hospital, or offending the religious prejudices of some of the governors. Our readers may, perhaps, not be aware that party spirit and religious differences run high in Plymouth and its adjoining towns, and it is known that an institution called the Plymouth Female Home lost some of its subscribers because, in the dire emergency of a cholera outbreak, and when all other aid failed, recourse was had to a local "sisterhood" for help! Naturally the committee hesitate before running a similar risk by introducing into their hospital a system which has worked and is working well in various London and country hospitals, with most diverse religious belongings as regards governors and committee.

The *Western Morning News* has devoted a very able article to the subject, and quotes the experiences of the two hospitals of King's and University Colleges—than which no two institutions could be more dissimilar as to religious associations—in favour of the system of order, decency, and comfort, introduced by the sisters to whom the charge of the nursing is entrusted. Whether the duties should be undertaken by a local or a metropolitan sisterhood seems to us to be a matter of small importance, so long as the hospital obtains the services of zealous ladies, able and willing to supervise efficiently the nursing by their subordinates. It is a great mistake to suppose that ladies make good *nurses*. The actual nursing is better done by well-trained respectable women of the middle classes; but the value of ladies is in superintending the actual nursing, and in giving, by their presence in the wards, a tone which is felt both among patients and doctors, and which renders many of the scandals of the old nursing system impossibilities.

THE PERMISSIVE BILL.

THE strangely miscalled "Permissive Bill," which would "permit" two-thirds of the ratepayers in any place to prohibit the sale of alcoholic drink within its boundaries, has again been brought before Parliament. We need not quote its well-known provisions; but must notice its tender regard for the valuable opinions of the wholly uneducated. Any ratepayer who is "*unable to write*" may affix his mark to his voting paper, which will then be to all intents as good as that of the squire or the parson. The illiterates who are thus cared for would, of course, be at the mercy of some informant as to the way in which their papers were filled up; and it is quite conceivable that some pious frauds might be practised upon them. We have always admitted the evils of our present licensing system, and we heartily wish to see it remodeled and improved. But, bad as it is, we should prefer it and its attendant evils to a reform which rendered us liable to be legislated for by the wisdom of ratepayers who are unable to sign their names. If sobriety by compulsion is to be established, let it at least be established by persons who can tell for themselves which way their votes have been recorded.

THE COLLEGES AND THE PRIVY COUNCIL.

THE Council of the College of Surgeons, at its special meeting on Friday, the 29th ult., passed resolutions virtually accepting the Medical Bill, as proposed by the Lord President, subject to modifications in certain clauses, which we shall examine more in detail on another occasion. A joint deputation from the Royal Colleges of Physicians and Surgeons of England has, during the past week, had an interview with the Lord President, at which the views of the corporations were stated to his Lordship, who, we believe, explained the intentions of the Government respecting the Bill.

EDINBURGH INFIRMARY.

GEORGE WATSON'S Hospital, which has been sold to the managers of the Royal Infirmary, will not be taken down, but will be used for the administrative department of the infirmary. By this arrangement, the managers will be enabled to proceed with the new buildings as soon as the Bill for changing the site has become law,—a consummation which cannot long be deferred, as the Bill is unopposed, has passed the House of Lords, and been read twice in the House of Commons.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

THE decennial festival dinner of this hospital will be held at Willis's Rooms on Tuesday next, when Viscount Enfield, M.P., will take the chair. It is hoped that such an addition will accrue to the funds on this occasion as may enable the committee to open, without loss of time, the country convalescent branch which has been instituted at Finchley. This will undoubtedly prove a great boon to sufferers in whose cases country air is desirable, and thus serve to extend the usefulness of this excellent institution.

DEATHS IN LYING-IN HOSPITALS.

IT may be useful to call attention to a source of erroneous inference which the figures quoted from time to time in the Registrar-General's Weekly Return relative to the mortality in lying-in hospitals are not unlikely to occasion. The deaths in those institutions are given without the very important distinction whether they are of mothers, or of children, or of both together. We believe that the return includes children as well as mothers, consequently the facts published afford no real criterion of puerperal mortality in metropolitan lying-in hospitals. May we suggest to Dr. Farr the desirability of making this distinction in future returns?

REINFORCEMENTS.

THERE seems no immediate risk of a lack of medical students. According to returns to the Medical Council, in 1869 240 more students registered in that year than in 1868. The numbers for 1869 are—for England, 530; for Scotland, 317; for Ireland, 317; in all 1164. The numbers in 1868 were—for England, 483; for Scotland, 265; for Ireland, 175; in all 924.

QUEEN'S HOSPITAL, BIRMINGHAM.

THE energy with which subscriptions for the extension of this institution are collected by the working men has already resulted in a very considerable sum. According to the Fifth Quarterly Report, dated April 28th, 1870, we find that the £1713 12s. 9d., which was the amount collected up to the fourth quarterly audit, has now swelled to the sum of £2157 5s. 2d.,—an increase which is all the more creditable when the necessarily small sums which the working men have it in their power to raise is taken into consideration.

SIR THOMAS WATSON.

WE are happy to be able to report that Sir Thomas Watson is making most satisfactory progress towards recovery.

GLASGOW UNIVERSITY.

THE old college buildings ceased to exist for academic purposes on Friday, the 29th ult., when the winter session closed. The next session will open in the magnificent new edifice at Gilmore-hill, which has been erected at a cost of £250,000, of which, to the great credit of the Glaswegians, not more than £3000 remains to be subscribed.

WE call the attention of our readers to the May number of our contemporary the *Practitioner*, in consequence of its being a more than usually good specimen of this excellent periodical. In this utilitarian and busy age medical men want to get at all the best information they can about the treatment of disease, the action and value of new remedies, and the best methods of treating diseases generally. A monthly journal of therapeutics was really required, and Dr. Anstie appears to us to conduct the *Practitioner* with admirable ability. Among the original communications we may mention one by the editor and staff, on the Dietetic and Medicinal uses of Wines; on the use of Sarsaparilla, by Dr. Clifford Allbutt; on Chloral in Phthisis, and its antagonism to the poisonous effects of Calabar Bean, by Professor Hughes Bennett, and a note on the use of the Hydrate of Chloral, by Dr. J. W. Ogle; contributions to the Pathology and Therapeutics of Diabetes, by Dr. A. Dupré; on the use of Bromides in cases of Continued Fever complicated with Sleeplessness and Nervous Symptoms, by Dr. William Moore; also a short suggestive note about Epilepsy, by "Quærens;" with reviews, a clinic for the month, and some well-selected extracts from British and foreign journals, &c.

DR. HUGHLINGS JACKSON is a candidate for the post of physician to the Seamen's Hospital. Another candidate is Dr. Oppert; but even were this gentleman's claims equal to those of Dr. Hughlings Jackson, he is, we believe, disqualified on the ground of age.

THE paper at the Medical and Chirurgical Society on Tuesday next, by Sir Henry Thompson, in which he will bring his personal experience in lithotomy and lithotrity before the profession, is likely, we understand, to attract several of the leading provincial surgeons, whose experience in the treatment of stone has been extensive.

DR. DALY, of Hull, has been made a magistrate for the East Riding of Yorkshire.—Mr. Frederic Ruffe, M.R.C.S., of Tamworth, has been placed on the Commission of the Peace for that borough.—Drs. Wm. Rayner and Edward P. Twyford have been placed on the Commission of the Peace for the county of Lancaster.

PROFESSOR FRANKLAND'S Report on the Quality of the Metropolitan Water-supply during April is satisfactory. The waters of all the Companies were clear and transparent when drawn from the mains. The amount of solid impurities was much less than usual, probably owing to the remarkable absence of the customary April showers, which wash surface impurities into the rivers and streams.

THE Board of Trinity College, Dublin, by a decree dated the 19th of March last, has founded forty exhibitions, of the annual value of £25 each. These exhibitions are intended to aid deserving students in the prosecution of their undergraduate course, and will be awarded by competitive examination. They can be held for a term of two years, or less if the answering is not sufficiently good.

AT the annual meeting on Saturday last (30th ult.) of the supporters of the East London Hospital for Children, it was stated that during last year 450 in-patients had been admitted, and 3972 out-patients treated. The total expenditure had been £2027, and the mortality among the in-patients six per cent.

THE *South Bucks Free Press* records with satisfaction the rapid abatement of the small-pox epidemic at High Wycombe. We are glad to observe that the *Press* urges that the lessons of the past should be a warning for the future in respect of the need for general sanitary improvement in the town.

SMALL-POX continues increasingly fatal in Paris, the deaths having risen to 166 last week.

THE ROYAL COLLEGE OF PHYSICIANS.

DR. RISDON BENNETT'S LUMLEIAN LECTURES ON INTRATHORACIC CANCER.

LECTURE II.

DR. BENNETT'S second lecture was delivered on the 5th ultimo. He commenced it with a description of those cases of intrathoracic cancer in which the disease is limited to a certain portion of the lungs, many of which, he said, present a strong resemblance to cases of limited tubercular disease, especially those in which the early indications of pressure are absent. One of the most striking cases of intrathoracic cancer simulating phthisis which he had seen was one of primary cancer of the posterior mediastinum, ulcerating into the œsophagus, and attended with profuse hæmorrhage and by a gangrenous cavity in the left apex and a certain amount of surrounding consolidation. There was dulness at the apex and increased vocal resonance, no local symptoms of the tumour, but there were an infrequent pulse and an apathetic manner. The cavity in the lung was found post mortem to be formed between the lung and the pleura by destruction of the lung substance, limited by surrounding pleuritic adhesions. This destruction was clearly due to inflammation set up by the neighbouring growth. The case afforded an illustration of the tendency of cancerous tumours outside the lung to produce inflammation of the adjacent lung tissues and pleura. Such growths within the lung have little tendency to produce change in the surrounding parts. Death by hæmorrhage as a consequence of pulmonary cancer is very rare. In a case recorded by Dr. Church, the patient died after bringing up four pints of blood, and the hæmorrhage resembled that of aneurism so closely that it was supposed to be due to that cause. Slight hæmoptysis in the earlier stages of cancer of the lung is often noticed, and is sometimes the earliest symptom. It may take place probably in a stage prior to the actual existence of cancerous deposits.

The cavities found in the lungs in pulmonary cancer are sometimes due to gangrene, but more frequently to the breaking down of encephalomatous masses, and the sym-

ptoms may closely simulate those of phthisis. Moreover, there is often a limited falling in of the thoracic parietes in the subclavian regions, with alterations in the vocal resonance and respiration, which render the resemblance still closer, and this even before there is any breaking down of lung. Dyspnœa is the result chiefly of pressure upon the nerves and vessels, the latter causing pulmonary congestion. Accordingly, we find these symptoms best marked where the bronchial glands are chiefly implicated, and the cancer is in the upper part of the mediastinum.

In mediastinal tumours there is much greater diversity in the symptoms during life, and in the effects produced on the lungs and other contents of the thorax. The lungs may be invaded or not, and with or without ulceration. The signs of pressure are connected mainly with the vessels, nerves, or bronchi; and with any of these, and unquestionable evidence of intrathoracic tumour, there may still be difficulty in deciding between cancer and aneurism. The co-existence of pleuritic effusion and early occlusion of the bronchi, may add to the obscurity. The varying condition of the lungs in these cases is an important feature in connexion with the diagnosis. In an almost typical case of mediastinal cancer, the main bronchus was occluded, the left pneumogastric nerve destroyed, the corresponding branch of the pulmonary artery obstructed, and yet the tissue of the lung had undergone little change, and was still tenacious and crepitant.

In considerable opposition to this case was another, in which all the phenomena were at first referable to the lungs and to some obscure cause of irritation of the bronchi. For a considerable period after the patient came under observation the symptoms were those of an ordinary case of bronchitis, and then there gradually developed the distinctive signs of an intrathoracic tumour. In this case the displacement of the heart was greater than usual, for it is remarkable how little displacement of the heart there often is even when the size of the tumour is very considerable.

THE CONTAGIOUS DISEASES ACTS.

The Times of the 4th inst. contained a report of an important meeting held at 12, Cavendish-square, on the 3rd inst., in relation to the above Acts. In addition to a very large gathering of the more eminent members of our profession, the meeting was numerously attended by noblemen, members of Parliament, and other persons of political and social influence. Sir Thomas Watson was unhappily absent from illness, and the chair was taken by Mr. R. Quain, who, in the course of his remarks, stated that the committee had come to the conclusion not to recommend any further extension of the Acts until the public had become better informed on the subject, in regard to which much prejudice, through misapprehension and ignorance, had been raised. He was in favour of the legislation advocated by the association, because he considered it most important for the welfare of the community. He had come to that conclusion not only from his own professional experience, but from the confirmation this had received from inquiries in which he had taken part some years ago. The evidence he had then acquired was quite conclusive to his mind. As the Legislature had taken upon itself to hinder disease by various Acts of Parliament—as those to prevent propagation of small-pox by enforcing vaccination, by the Nuisances Removal Acts, by the Acts dealing with overcrowded dwellings—if the Legislature could deal with contagious diseases which attacked the population by the means which these Acts removed, it followed that Acts to prevent contagion which extended to the unborn were more necessary than all others. Mr. Berkeley Hill read a report, dealing with the subject in all its bearings, and gave statistics showing that there was no room for doubt as to the beneficial effect of the Acts upon all the populations of the towns in lessening immorality and disease. As Lord Charles Bruce remarked, however, the question is one of paramount importance to the welfare of the nation, but the great difficulty was that it could not be brought before the House of Commons. We are very glad to see that Earl Russell readily gave the support of his name to the cause, and that the Rev. Dr. Barry, and other persons of influence, who were unable to attend the meeting, saw no reason for changing the opinions they held as to the necessity and good effected by these Acts.

It will be perceived, we think, that all those who are best qualified to know the extent of the evil arising from a do-nothing policy, and to arrive at a correct judgment in the matter, were unanimous in approving of the objects aimed at by recent legislation. Even of those who are opposed to the extension of the Acts at present in force, a large number do not deny the necessity for our doing something; but not one of them has succeeding in devising a better, or anything like so good a scheme for dealing with the evil as that already in existence. They have succeeded, however, in causing a temporary delay, which will only cause a development of the evil; and the time must come when the facts will have to be met and grappled with by our Legislature. Mr. Fowler, M.P., intends shortly to move for the abolition of these Acts at our military stations; but he will, we understand, be opposed by Dr. Lyon Playfair, who will doubtless receive the support of the Government.

ST. ANDREWS MEDICAL GRADUATES' ASSOCIATION.

A MEETING of the Council of this Association was held on Friday, the 29th ult., to consider the provisions of the Government Medical Bill in so far as they affected the University of St. Andrews. After a prolonged discussion the following resolution was unanimously adopted:—

"That this Council is in favour of the proposed establishment of an examining board in each division of the United Kingdom for the licence to practise medicine and surgery; but it protests against the power given in clause 20, by which degrees may be granted by a university without special examination."

Correspondence.

"Audi alteram partem."

THE BOUGIE A BOULE AND THE BOUGIE OLIVAIRE.

To the Editor of THE LANCET.

SIR,—It is with surprise and regret that I find my friend Mr. Foster does not know a bougie from a catheter, nor is my regret lessened when I think of the many advantages he has enjoyed during his long and intimate connexion with Sir Henry Thompson. The following are Mr. Foster's words in your journal of last week:—"Further, although Mr. Teevan has asserted that no history of the bougie à boule, or of the bougie olivaire, has appeared in THE LANCET, the latter was also described by Mr. Acton in your valuable journal so long ago as January 12th, 1856."

Now, if your readers will refer to your journal of that date, they will find that the instrument there engraved and described is not a bougie, but a *catheter!*

Mr. Foster states that "the instrument has long been naturalised in this country under the term 'bulbous-ended bougie.'" The first part of this statement is directly contradicted by Sir H. Thompson, who, at page 33 of his "Clinical Lectures," published by Messrs. Churchill two years ago, says,—"It is one of the most extraordinary instances of English conservatism that these instruments are found in so few hands." Will Mr. Foster kindly tell you, Sir, who was that English surgeon who rebaptised the olivary bougie by the barbarous and incorrect term "bulbous-ended bougie," and when and where the christening took place?

Mr. Foster is annoyed that I made no reference to Sir H. Thompson. In giving a history and description of the bougie à boule, and bougie olivaire, it was perfectly unnecessary to refer to that gentleman, inasmuch as he did not invent those valuable instruments, nor did he modify either of them; nor was he the first to describe either; nor was he the first to introduce either into hospital practice. Mr.

Quain introduced the olivary bougie into University College Hospital years before it was ever used by Sir H. Thompson at that institution. Mr. Foster studiously suppresses the fact that Sir H. Thompson's clinical lectures in THE LANCET did not appear till the year after my article in the *British and Foreign Medico-Chirurgical Review* of July, 1867; but your readers still retain a lively remembrance that, whilst at line 57 of the left-hand column of page 75 of your journal for January 18th, 1868, Sir Henry Thompson professed to describe and engrave the bougie à boule, he gave a description and drawing of *an entirely different instrument!*

Trusting to your sense of justice to give the same publicity to my replies as you have to Mr. Foster's reclamations,

I remain, Sir, your most obedient servant,

Portman-square, May 2nd, 1870. W. F. TEEVAN.

A LADY ON LADY DOCTORS.

To the Editor of THE LANCET.

SIR,—I notice in several papers advertisements to the effect "that Mrs. Henry Kingley will supply ladies with forms" for an appeal to Parliament for the admission of women to the medical schools.

Now, judging from the opinion of every lady with whom I have ever spoken upon the subject, I should say it would be more probable that applications for these "forms" would be numerous if the "appeal" were exactly the reverse of what it is.

Conscious of some presumption on my part in attempting to appropriate any but a very small portion of your valuable space, and even with some misgiving as to a lady correspondent being admissible in your pages at all, I wish to concentrate as much as possible what I have to say on the subject. Setting aside more uninviting views of the matter, there are several strong reasons against the creation of female M.D.'s.

No woman, in any dangerous crisis calling for calm nerve and prompt action, would trust herself in the hands of a woman.

Physically, women are not fitted to be doctors, for this very coolness and strength of nerve are wanting, or, from the constitutional variations of the female system, at the best are uncertain and not to be relied upon. Morally, women are not fitted to be doctors, because they cannot (even the best of them) hold their tongues. Who can forbid to the fair doctoress, that one dearest friend, to whom, "in confidence," the interesting case of Mrs. M. or Mrs. N. could be duly "talked over," and in process of time communicated to every lady within a radius of several miles?

With the weightier reasons against the admission of women to the medical schools I am almost afraid to deal; there is something repugnant in even the discussion of them. But all honour to those gentlemen who boldly defend for women the modesty and delicacy they seem incapable of defending for themselves.

There are many curious questions which might be put as to these proposed fair practitioners.

Are they to be vowed vestals? or is their being condemned to a state of single blessedness taken to be *cela va sans dire*, because no man would care to try and make them change it? Character might be irreproachable, but there is such a thing as *virginité de l'ame*, and it is a purity men love.

But granting (as we must) the privilege of matrimony to these aspiring ladies, how then? Under certain resulting conditions, what is to become of the patients? Is a "nursing mother" to suckle her babe in the intervals snatched from an extensive practice? or is the husband of the "qualified practitioner" to stay at home and bring up the little one with one of those "artificial breasts" so kindly invented to save idle and selfish women from fulfilling the sweetest and most healthful of the duties of maternity?

A man's *home* should be to him also a *rest*. Will it be much of this with his wife in and out all day, called up all night, neglecting the household management, and leaving the little ones to the care of servants? I think not. Granted, then, that married doctoresses will not answer, we have only the maiden students to fall back upon.

To think of single women studying the medical profession at our schools and colleges, having the *entrée* to dissecting-rooms, &c., &c., is, as a French surgeon remarked on a late occasion in his own hospital, "*vraiment un peu trop fort.*" Will the few (*very* few I am thankful to see) medical men who advocate the system of lady doctors, be ready and willing to admit them to the friendship and intimacy of their daughters?

I would that some united impulse should actuate the whole medical profession in England to "stamp out," as they would some loathsome disease, this spirit of—what shall I say?—*indecency* that seems running riot in the present day among women. I would that letters from ladies (?) on the Contagious Diseases Act should be rigorously excluded from all papers, medical and otherwise, that women should be shamed into feeling the degradation of such strange want of reticence.

As nurse in a sick room or in the wards of an hospital, woman is seen at her holiest and best work. The Queen visiting her sick soldiers at Netley is pleasant to us to think of. Eugénie in the cholera hospitals of Paris touches our hearts more deeply than by all her grace, talent, and beauty. Mrs. Gladstone cheering and comforting the poor sufferers in the London Hospital—among all the claims a position like hers must entail, finding time to read to the blind, to aid and assist any good work among the sick poor, and to spend hours in the wards among the sick and dying—this makes us think of her, though we never saw her, as one worthy of all reverence and love; nay, the humblest sister of mercy, doing her work faithfully and well, claims our peculiar respect and reverence.

Let women then be nurses, tenders of the sick, free from the very faintest taint of prudery or affectation in anything and everything that comes in their way when helping and sustaining the sufferings of those around them; but let there be a line beyond which they shrink from treading.

We, the wives and mothers of England, do not want any change. Nothing can, by any possibility, exceed the kindly care, the scrupulous delicacy, the thoughtful consideration of medical men in our hours of anguish and danger. "The doctor" is our best friend, and with him all is held sacred, even the little tempers displayed to himself, in the impatience of suffering.

I am, Sir, your obedient servant,

MATER.

THE BILL IN THE HOUSE OF LORDS.

THE second reading of the Bill was fixed for Thursday, the 5th inst. Lord Clanricarde presented a petition in favour of delay in the matter, from the King and Queen's College of Physicians in Ireland. Unfortunately the noble lord's remarks were very imperfectly heard. Lord De Grey and Ripon, in moving the second reading, expounded the general character of the Bill. He pointed out the evils arising from nineteen bodies having licensing powers, whose examinations were unequal, and some of which examined only in one class of medical knowledge. Though the diploma covered only one branch of professional knowledge, it admitted to the Register, equally with those which implied examination in all branches. There was a temptation to the various bodies to underbid each other. Though the examiners were of the highest character, there was still much variation in the examinations, and persons rejected by one board easily passed another. His Lordship quoted from the report of a Committee of the Medical Council in support of his statements as to the inequality of examinations. As to the remedies suggested, he showed the difficulties of the plan of one Board for the whole kingdom, especially the difficulty of getting the best men to go about examining from one part of the country to another. Two courses were open, either for the Government to have nominated a Board or Boards, or to devolve the formation of them upon the existing bodies. He chose the latter course,

as more respectful to the licensing bodies. The course contemplated in the Bill had the further advantage of being consistent with a principle in the Act of 1858—that of allowing the various bodies to combine to give a conjoint examination. Many of the bodies would like students to pass both the conjoint board and their own examinations; but there were difficulties in the way of this. Finally, Lord De Grey and Ripon intimated that he was in negotiation with the universities in regard to some clauses of the Bill affecting their power to confer degrees. But he did not consider these clauses of the essence of the measure. His Lordship scarcely noticed the clauses giving the Privy Council powers in the Bill.

Lord Clanricarde observed that the Bill made no change in the Medical Council, and put a tremendous power in the hands of the Privy Council.

Lord Cairns said the University of Dublin would gladly support that part of the Bill which aimed at securing uniformity of examinations. But he failed to see the force of the arguments against one Board for the whole kingdom. Other parts of the Bill he thought extremely serious. Lord De Grey might disguise it as he pleased, but this Bill made the Privy Council supreme over all the licensing bodies in the country, in the control it gave in regard to the formation of boards and rules for conduct of examinations. He thought the Bill gave the Privy Council power of passing persons into the profession without any guarantee of their having had any proper connexion with universities or medical schools—persons who had merely got their knowledge from books.

The Marquis of Salisbury considered the Bill a measure to enable that voracious body, the Privy Council, to eat up all the licensing bodies, and one meant to cut a knot which it was difficult to deal with otherwise, or in the House of Commons. The design to hand over the whole system to the Privy Council was ingeniously concealed, but there it was—a power to alter and modify. With all respect to Lord De Grey and Ripon, and all the gentlemen who served under him, he was not prepared to abolish the nineteen bodies to put Mr. Simon in their place. He hoped Lord De Grey would ask for powers of approval only, and would preserve in some way the influence of the existing bodies.

Lord De Grey, in reply, promised to make some modifications in the Bill, which the Duke of Richmond thought would make it a better Bill than at present. Lord De Grey candidly confessed, however, that he did not see the advantage of enlarging the Medical Council. The opinions of Lord Cairns and the Marquis of Salisbury satisfy us that we have not overrated the importance of those clauses giving power to the Privy Council. We hope there will be no more misunderstanding on this point. We shall view the matter in the light of this discussion next week.

Obituary.

EDWIN CALLENDER, M.R.C.S.,

OF SOUTH SHIELDS.

IT is always lamentable to record the death of a member of our profession from fever, contracted apparently at his post, and in the discharge of his medical duties; but it is acutely distressing when the medical brother thus shot down, as it were, was one that could be badly spared, and whose life was very valuable. This was Mr. Callender's case. He contracted fever by his most arduous attention to a family stricken with the disease—attention which, it was said, was more like that of a nurse than of a medical man; and he died in little more than a week, on the 2nd instant. His loss is irreparable, irreparable especially to his large family and his widow, to whom he was all that a kind father and a husband could be. His loss will be felt by all his professional brethren who knew him, as one of the most genial and gentlemanly members of the profession in Shields, and as a good brother practitioner, whose assistance in emergencies was always cheerfully given, and very useful. And there is another class of the community which will miss Mr. Callender—namely, the poor. He was one of the district medical officers of the town; but his knowledge of the poor, and his kindness to them, was quite a personal matter. He was their friend, and the willing co-operator with all those who tried to help them. Such lives—and we may add, such deaths—as Mr. Callender's are very honourable to our profession. But it is one of the mysteries of Providence that they should be cut short in the very height of their usefulness, and of the need for them.

Mr. Callender became a member of the College of Surgeons in 1843, and a Licentiate of the Apothecaries' Company in 1844.

We commend the circumstances of Mr. Callender's death to Mr. Brady and others, who are kindly interesting themselves in the case of Poor-law medical officers. In his capacity of district medical officer he was attending a family in which there were six cases of fever. He acted like a nurse, changing the linen, and doing other such offices, for there was no nurse to act. He took money to his poor patients, and he took meat from his own house. But the self-sacrifice was to be complete. He caught the contagion, and died in a week.

JOSEPH CHAPMAN, ESQ., M.R.C.S.

JOSEPH CHAPMAN, the senior partner in the firm of Chapman and Whitmarsh, of Hounslow, breathed his last at his private residence, April 13, from diseased heart. The deceased gentleman was born at Norwich in 1817, and obtained his M.R.C.S. in 1840. For the past thirty years he had been engaged in a large and extensive country practice; and his industry and application, combined with his professional skill, gained him the confidence of all who knew him. His heart was willing and hand ready to relieve those in pecuniary difficulties. The disease from which he died first showed itself about four years ago, when acting as honorary secretary to the local volunteers. His services being required for one of the corps who was suddenly taken ill on the Friday from over-exertion, he himself was found suffering from the same disease. On partially recovering, he immediately went to the assistance of the soldier, and then uttered the following words: "Ah, we all make poor soldiers; the will is strong, but our flesh is weak." His fellow-townsmen testified their respect by following his remains to Heston churchyard, where Joseph Chapman, the Christian philanthropist, is laid.—H. T. B.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the quarterly meeting, April 28th, the following gentlemen, having passed the required examinations, were admitted as Members:—

French, James, Cheltenham.
Jelly, William, Great Western-terrace, Paddington.
Snow, W. Vicary, M.D. Lond. (1866), Richmond-gardens, Bournemouth.
Thomson, J. Roberts, M.D. Ed. (1866), L.R.C.P. Lond. (1866), Bournemouth.

THE MEDICAL CLUB.—On Wednesday, the 4th inst., the Medical Club held its monthly dinner under the presidency of Sir T. Galbraith Logan, K.C.B. Upwards of thirty gentlemen were present. The toast of prosperity to the Club was coupled with the name of Mr. Rayne of Newcastle, who responded in effective terms. Owing to the Derby-day falling on the 1st of June, the next dinner will take place on the 8th of that month.

THE LONDON HOSPITAL.—On Wednesday evening, at the London Tavern, the Duke of Cambridge presided at the 130th anniversary dinner of this charity. The company included nearly 200 gentlemen connected with the city. The noble chairman, in the course of his speech, announced that since its foundation the hospital had admitted 1,542,708

patients, while the admissions last year, on the recommendations of governors, were 861, and the free admissions 3537. The number of out-patients last year amounted to 54,374. During the evening subscriptions to the sum of £12,705 were announced—the Hebrews, who were in great force, and for whom there was a separate bill of fare, subscribing £1788 of the whole.

CHRIST'S HOSPITAL.—Two hundred old scholars dined on Wednesday evening in the great hall of the Hospital; Dr. H. S. Maine, Professor of Jurisprudence at Oxford, in the chair. In the course of his speech the chairman adverted to the present crisis in the fortunes of the institution, and concluded by saying that, while he did not deny that some improvement might be made, he trusted it would proceed on the old lines of the school.

THE South-Eastern Branch of the British Medical Association, which comprises about 300 medical practitioners, have petitioned Lord De Grey in regard to the Medical Bill, to the effect that care be taken to ensure the uniformity of examinations in the different divisions of the kingdom, that there should be a direct representation of general practitioners in the Council, and that the control of the State or Privy Council should cease after the formation of the new Council and examining boards.

DR. JAMES LAWRIE of Glasgow, on the eve of his departure for London, the sphere of his future practice, was entertained by his friends in the Waverley-hotel, Sauchiehall-street, on the 27th ult. The chairman, Dr. Eben. Watson, in a few well-chosen words, presented Dr. Lawrie with a handsome timepiece, silver inkstand, and a set of standard works in medicine and surgery, in token of "the esteem in which he is held as a medical practitioner and a gentleman."

HOSPITAL FOR SICK CHILDREN.—On the 4th inst., the eighteenth annual meeting of the governors was held in the board-room of the institution, at Great Ormond-street. The report stated that during last year 709 children had been under treatment as in-patients; 112 had been admitted to the convalescent branch at Highgate; and upwards of 15,000 out-patients had been attended at Great Ormond-street. The income from all sources during the year had been £9864, being an increase of £1500 over the year preceding. Plans for the entire rebuilding of the Hospital are under consideration, and a special appeal to the public on behalf of the building fund will be made on the 25th inst., when the Prince of Wales will preside. The new hospital will accommodate 200 patients, for whose care and comfort every improvement in ventilation and hygienic appliances will be adopted.

Medical Appointments.

ARMSTRONG, S., M.R.C.S.E., has been appointed Medical Officer for the Teddington District of the Kingston Union, Surrey, vice G. S. Clement, L.R.C.P.Ed., resigned.

ASKHAM, H. P., M.R.C.S.E., has been appointed Medical Officer at the Female Convict Prison, Woking, vice G. Wilson, M.B., appointed to the Convict Prison at Portsmouth.

BODKIN, G., L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for the Arran Dispensary District of the Galway Union.

BURTON, J., L.R.C.P.Ed., has been elected Medical Officer for the Borough District of the Walsall Union, Staffordshire, vice A. Wyllie, M.D.

CARTER, Mr. C. H., has been appointed Obstetric Assistant at University College Hospital, vice Bullock.

CHELL, E. W., M.R.C.S.E., has been appointed Assistant Medical Officer to the Worcester County and City Lunatic Asylum, Powick, near Worcester, vice G. S. Elliot, appointed to the Coton-hill Lunatic Asylum, Stafford.

COOKE, L. R., M.R.C.S.E., has been appointed Medical Officer for the Hartland District of the Bideford Union, Devonshire, vice W. A. Dene, M.R.C.S.E., resigned.

DENNY, Dr. G., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Ardfert Dispensary District of the Tralee Union, Co. Kerry, vice W. S. Barry, L.R.C.P.Ed., deceased.

DUNCAN, A. G., M.B., has been appointed Parochial Medical Officer for Crimond and St. Fergus, Aberdeenshire, vice W. Bruce, M.D., resigned.

EDWARDS, T. M., M.D., has been appointed Medical Officer and Public Vaccinator for District No. 4 of the Wells Union, Somersetshire, vice Chas. Pope, Ext. L.R.C.P.L., resigned.

FERGUSON, S. D., F.R.C.S.E., has been elected Consulting Surgeon to the Dudley Dispensary, on resigning as Surgeon.

FISHER, S. W., M.D., has been appointed a Physician to the Bristol Hospital for Sick Children and the Out-door Treatment of Women.

HICKS, C. H., M.R.C.S., has been appointed House-Surgeon and Secretary to the Teignmouth, Dawlish, and Newton Infirmary and Dispensary, Devon.

GRACE, E. M., L.R.C.P.Ed., has been elected Medical Officer for the Almondsbury District of the Thornbury Union, Gloucestershire, vice Wm. E. Bletchley, M.R.C.S.E., resigned.

JACKSON, Dr. C., has been appointed Medical Officer for the Rafarogh Dispensary District of the Carrickmacross Union, Co. Monaghan, vice S. Stephenson, L.F.P. & S. Glas., deceased.

LA FARGUE, G. F. H., M.D., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the newly-formed Farncombe District of the Guildford Union, Surrey.

LEIGH, Mr. J. T., has been appointed Medical Officer and Public Vaccinator for the Somersham District of the St. Ives Union, Huntingdonshire, vice W. H. D. Menee, M.R.C.S.E.

LITTLEWOOD, J. J., M.R.C.S.E., has been appointed Medical Officer for District No. 8 of the Wycombe Union, Bucks.

MACAULAY, F. E., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Halifax District of the Halifax Union, vice F. B. Garlick, M.R.C.S.E., deceased.

MACAULEY, W. B., L.K.Q.C.P.I., has been appointed Medical Officer and Public Vaccinator for the Hatfield District of the Dunmow Union, vice W. S. Wyman, M.D., resigned.

MILES, J. F. M., L.R.C.P.Ed., has been elected Medical Officer for the Dingle Dispensary District of the Dingle Union, Co. Kerry.

MILES, M., M.D., has been appointed Medical Officer for District No. 7 of the Newport Pagnell Union, Bucks.

NICOL, P., M.B., M.C., late Clinical Clerk, West Riding Asylum, Wakefield, has been appointed Assistant Medical Officer at the Sussex Lunatic Asylum, Hayward's-heath, vice S. W. D. Williams, M.D., appointed Resident Medical Superintendent.

PARSON, W., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Godalming District of the Guildford Union, vice Richard Balchin, M.R.C.S.E., deceased.

PATTINSON, H. B., M.R.C.S.E., Assistant Medical Officer at the Cornwall Lunatic Asylum, Bodmin, has been appointed an additional Assistant Medical Officer at the Middlesex Lunatic Asylum, Hanwell.

PEARSE, J., M.R.C.S.E., has been re-elected Medical Officer and Public Vaccinator for the Whitechurch and South Lidford District of the Tavistock Union.

PHOBYN, Dr. S., has been appointed Medical Officer and Public Vaccinator for the Cosham or No. 4 District of the Fareham Union, vice F. B. Jessett, M.R.C.S.E., appointed a Medical Officer to the Dartford Union.

RENDLE, C. B., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Saxmundham District of the Plomesgate Union, Suffolk, vice H. L. Freeman, M.R.C.S.E., resigned.

RENTON, W. M., M.D., has been appointed Medical Officer for the Eastern Division of District No. 3 of the Hexham Union, Northumberland, vice J. Renton, L.R.C.S.Ed., deceased.

ROBERTS, D. W., M.B., has been appointed House-Surgeon to the Carnarvonshire and Anglesey Infirmary and Dispensary, Bangor, vice Owen Thos. Williams, L.R.C.P.Ed., resigned.

SMITH, E. R., M.R.C.S.E., has been appointed Visiting Surgeon to the Dudley Dispensary, vice S. D. Fereday, F.R.C.S.E., resigned.

SERJEANT, D. M., M.D., has been elected Medical Officer and Public Vaccinator for the Warboys District of the St. Ives Union, Huntingdonshire, vice J. Deane, M.D.

TIZARD, Dr. H., has been appointed a Justice of the Peace for Weymouth.

THOMAS, R., L.R.C.P.Ed., has been appointed Medical Officer to the Amalgamated Friendly and Benefit Societies of Ruabon, Denbighshire.

WEBSTER, T., L.R.C.P.L., has been appointed a Surgeon to the Bristol Hospital for Sick Children and the Out-door Treatment of Women.

WILSON, J. B., L.R.C.P.Ed., has been appointed House-Surgeon to the Huntingdon County Hospital, vice J. M. Wilson, M.B., resigned.

Births, Marriages, and Deaths.

BIRTHS.

FULTON.—On the 24th of March, at the Royal Naval Hospital, Bermuda, the wife of Dr. Fulton, R.N., of a daughter.

GARMAN.—On the 29th ult., at Clarendon-terrace, Bow-road, the wife of C. E. Garman, M.R.C.S., of a daughter.

TIZARD.—On the 29th ult., at Weymouth, the wife of H. Tizard, M.D., of a son.

TYRRELL.—On the 26th ult., at Dover, the wife of H. J. Tyrrell, Esq., Assistant-Surgeon 102nd Royal Madras Fusiliers, of a daughter.

MARRIAGES.

JAMIESON—ROBERTSON.—On the 21st ult., at the Parish Church, Berwick-on-Tweed, William Allan Jamieson, M.B., to Christiana Anne, eldest daughter of Alex. Robertson, Esq., J.P., of Wellington-terrace, Berwick.

KIRKMAN—PEAKE.—On the 10th ult., at St. Paul's, Deptford, Dr. Wm. P. Kirkman, of Barming-heath, Maidstone, to Amelia, second daughter of the late H. Loyalty Peake, Esq., of her Majesty's Dockyard, Sheerness.

MATTHEWS—MOULE.—On the 28th ult., at the Parish Church, Royston, Herts, J. Forrester Matthews, Esq., Surgeon, of St. Austell, to Laura Elizabeth, youngest daughter of the late Mr. Stephen Hughes Moule, of Knessworth, Cambs.

DEATHS.

FULTON.—On the 1st ult., at the Royal Naval Hospital, Bermuda, of puerperal fever, Blanche Elizabeth, wife of Dr. Fulton, R.N., and daughter of C. E. Court, Esq., of Cotham-green, near Bristol, aged 27.

GAUSSEN.—On the 28th ult., at Cambridge-square, Hyde-park, James Robt. Gaussen, M.B., Royal Artillery, aged 32.

GREEN.—On the 23rd ult., at Southchurch, John Green, M.R.C.S.E., late of Rochford, aged 74.

HAWARD.—On the 28th ult., at Southampton, a few days after arriving from India, Staff Assistant-Surgeon Haward, only son of Edwin Haward, M.D., of Nottingham-place, London, aged 31.

PORTEOUS.—On the 3rd inst., at Blackburn, Lancashire, Sarah, wife of R. B. Porteous, M.B., aged 22.

WEATHERS.—On the 20th ult., suddenly, Eliza, wife of George Weathers, M.R.C.S., of Hampstead-road, N.W., aged 52.

Medical Diary of the Week.

Monday, May 9.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.

Tuesday, May 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Blackie, "On the Principles of Moral Philosophy"
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Sir H. Thompson: "Analysis of 184 Cases of Stone in the Bladder of the Adult treated by Lithotrity."

Wednesday, May 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 1 0½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Dr. Bowerbank, "On Early Reminiscences of the Microscope."—Mr. Sam. Holmes, "On a New Binocular and Stereoscopic Microscope."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Special Meeting to consider further Resolutions of the Medico-Chirurgical Society respecting the Amalgamation of Societies.

Thursday, May 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."

Friday, May 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Canon Moseley, "On Descent of Glaciers."
CHEMICAL SOCIETY OF LONDON.—8½ P.M. Dr. John Harley, "On Injury to the Liver."—Dr. Morell Mackenzie, "On Stricture of the Œsophagus."—With other papers.—The Meeting will afterwards be made Special to consider the Amalgamation Scheme Resolutions.

Saturday, May 14.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Grant, "On Comets."

Notes, Short Comments, and Answers to Correspondents.

A BONUS SCHEME FOR THE ARMY MEDICAL DEPARTMENT.

A BONUS scheme for accelerating promotion in the department has been lately put forward, by which it is proposed that an annual fund should be raised by a subscription from the medical officers according to a graduated scale. The author of a little pamphlet on this system of purchase shows that out of the sum realised by the subscriptions, five bonuses, £3500 each, might be offered for two years in succession from the senior officer in the service to the junior of twenty years' service who is entitled to retire under Clause 11 of the Royal Warrant of April, 1867, and each triennial declaration of bonuses to be offered from the junior to the senior, so that all above twenty years may fairly participate in the benefit of the purchase system. A scale of annual subscription for the different ranks, necessary for carrying out this scheme, has been drawn up by its author, and the method by which it is to be worked, as well as the advantages to be derived from it, are plainly enough indicated. There is, however, the unfortunate objection that it is, in our opinion, simply impracticable, and for three reasons: First, because the Government would never consent to a system of purchase at a time when it is seeking to do away with promotion by purchase in the army. Secondly, it is improbable that a War Minister would allow of any great increase to the retirement list of medical officers. And lastly, a great many medical officers either would not consent or would fail to pay the necessary subscriptions.

THE communication of *Prof. Liebreich* on the "Operation for Artificial Pupil" shall, if possible, be inserted next week.

REPLANTATION OF TEETH IN CHRONIC PERIODONTITIS.

THERE is nothing, perhaps, so unsatisfactory to the dentist as the extraction, in the general run of cases, of teeth for the relief of periodontitis, though it is followed by the cessation of acute pain, especially about the gums and the like, since the teeth themselves are often almost perfect, or at least *per se* in a condition fit for doing good work for many years. The success, therefore, obtained by Mr. Coleman (the details of which will be found in the "Transactions of the Odontological Society" for the month of March) in replanting teeth in the disease in question will be received with unquestionable satisfaction, and the plan no doubt largely imitated. The method of procedure is to remove the diseased tooth; if carious, clean out its pulp and fang cavities, filling them up, after cleansing with carbolic acid, with cotton wool impregnated with the same; then to fill the pulp and carious cavities; next to scrape the fangs free from all diseased periosteum and cementum, but preserving the mucous membrane about the neck; and, after bathing in a solution of carbolic acid the tooth, as well as the alveolus, to return the former to its place. Mr. Lyons carried this out in fourteen cases for Mr. Coleman with success, in the case of bicuspids and molars, no mechanical appliances being used to keep the teeth supported until they had become firm. Mr. Coleman believes replantation will become the legitimate mode of treating chronic periodontitis—a mode in which medical practitioners cannot fail to take an especial interest, and which harmonises well with the prevailing surgical conservatism of the day.

Mr. James Troutbeck's (Carlisle Infirmary) communication can be inserted only in the absence of the accompanying illustration.

CHEAP DOCTORING.

To the Editor of THE LANCET.

SIR,—A letter with the above superscription appeared in your issue of the 16th April, and upon this letter, with your permission, I would offer a few remarks, although I cannot help thinking that the direct insult conveyed in it to most general practitioners, but to those in this locality in particular, will call forth strong protest and condemnation.

I must first premise that I am not a "cheap doctor," never have been, and never shall be; indeed I may say more, that I am very strongly opposed to low fees, advice, or consultations gratis, or any "placards or published prices" (which I was not aware existed among qualified practitioners of any stamp). London is, no doubt, the wealthiest city in the world, and to live in it in any position becoming to a medical man is necessarily costly, and not likely to be maintained upon low charges. But here, more than in any other city I know, extremes meet, and side by side with immeasurable wealth exists immense poverty, and an enormous proportion of honest, self-supporting working people. With the deepest poverty we have nothing to do; but with the working population we have. These latter usually avoid Belgravia, South Kensington, Notting-hill, and other pleasant neighbourhoods, selecting generally parts of the town suitable to their means and requirements, thus constituting "poor localities," in which must of necessity live "cheap doctors." It is not my opinion, nor do I believe it to be a general one, that the working classes prefer medicine and advice for nothing to paying for it, if they have the means; necessity, and that only, often compels them to do so. I believe the working classes possess great feelings of independence (I have sometimes thought too much so), and I fully believe the great bulk of them prefer private attendance and payment (but it must be moderate) to public charities, where patients frequently wait for two or three hours, and are seen and prescribed for at the rate (not unfrequently) of from thirty to forty per hour. It is this indiscriminate charity which ruins the members of our profession, and is infinitely more hurtful to the general interests of our profession than the cheap doctor.

I think it exceedingly unwise of Dr. Hooper to attack his own profession, and those, above all, who are obliged by force of circumstances to do the most work for the smallest amount of remuneration. You, Sir, have, I know, too fine and too generous a feeling towards our profession to endorse anything so uncharitable.

I am, Sir, yours obediently,
Southwark, April 23rd, 1870. VINDEX.

To the Editor of THE LANCET.

SIR,—"Camberwell" says medical men "cannot live under the shadow of such an institution as the Surrey Dispensary;" but, in fact, they not only live, but *thrive*, if one may judge from the appearance of themselves, their houses, carriages, and horses. The dispensary patients are not "kept waiting hour upon hour for their medicines." Mine attend from 12 till 2. Some come early, others late, and none need be kept waiting more than a few minutes; nor are they seen "at the rate of forty per hour." Only slight and well-known old cases are seen at this rate; the new and the serious ones are as thoroughly investigated as they would be if they paid the physician's fee. "Camberwell" thinks the dispensaries should be used only by the very poor; but if this were so, the parish doctor's office would become a sinecure? I consider that the poorest classes belong to the parish doctor, and that the Surrey Dispensary is intended for honest working men and women who can just pay their way, but cannot pay doctors' bills. To them the "shutting up" of the dispensary would be a great misfortune, however much it might benefit the general practitioner. If the poor knew as much about medical matters as we (doctors) know, they would avoid the shops and surgeries of cheap and advertising medical men, just as the sensible portion of them avoid shops where "good useful tea" is advertised at 1s. 8d. per lb., "best bread" at 5d., streaky bacon at 7d., and rump steak at 9d.; and they would either apply to a respectable doctor, or to a dispensary or hospital, where they can, *for nothing*, have the best advice that physicians with abundant leisure can give, and the most costly medicines *ad libitum*.

By doing away with letters, "Camberwell" would remove the best possible check upon improper applicants; for at present every Governor has to state on the letter that he believes the person to whom he gives it to be "a proper and necessitous object of the charity."

Yours truly,
D. HOOPER,
Physician to the Surrey Dispensary.
Trinity-square, S.E., April, 25th, 1870.

THE CONTAGIOUS DISEASES ACTS.

It would seem that there has been no little excitement among the good people of Plymouth of late in regard to the above Acts. Meetings have been held at which some strong speeches have been made, and these have been followed up by some newspaper warfare. What we want is a little more evidence and a little less excitement. One of the strong points of the opponents of the Acts is that they encourage clandestine prostitution. It is as easy to make a statement of this kind as it is difficult to prove it. Moreover, statements have been made by different speakers and writers to the effect that virtuous women had been taken up; but, as far as we can remember, not one of these has ever been substantiated. Dr. Rule asserted this lately at one of the public meetings at Plymouth, but it was proved that he was quite wrong; and on the Rev. Richard Gardner's being challenged by Mr. Thomas Woolcombe to supply his authority, or specify any instance in which a virtuous woman had been, as alleged, publicly brought under the operation of the Contagious Diseases Act, the reverend gentleman was compelled to shelter himself under the cover of vague generalities. A communication from a correspondent, signing himself "Philanthropist," in the *Western Morning News*, puts a few points both forcibly and fairly. He says that facts, however repulsive, must be met, and the difficulties incident to this as to every great social question fairly grappled with, not ignored or passed by from pious or any other motive. He goes on to urge that we have as a nation too long endeavoured to shut our eyes to the so-called social evil. We have studiously ignored its existence, and pretended, both at home and in our streets, not to know what all, young and old, see too plainly, and know only too well. But for our false morality, our mischievous reticence on the subject, our undue severity to the fallen, and our eagerness to exclude them as improper objects of our care in hospitals, the statutes now so bitterly inveighed against might never have been rendered necessary. We have quite recently had an opportunity of perusing the published copy of a letter from Prof. Boeck, of the University of Christiania, to the Editor of the *Westminster Review*. The Professor says he is well acquainted with all our arrangements regarding the social evil, and thinks that they are probably worse even than in Turkey. The liberty accorded is simply licence—an abuse. He refers, in terms of animadversion, to the stupid inhumanity of this country in allowing public women to go at large, spreading disease, without exercising control over them, or supplying hospital accommodation adequate to their demands; and he adds, that we patiently permit thousands of our seamen and others to be ruined by the syphilitic poison, while English respect for public morals—he would rather call it prudery—forbids such a thing as the systematic examination of prostitutes.

News.—The subject referred to is under consideration, and we shall probably discuss it in our next week's issue.

INJURY FROM MANIPULATION IN A TURKISH BATH.

To the Editor of THE LANCET.

SIR,—The possibility of an accident from a Turkish bath, such as I am, by your permission, about to describe as having happened to myself, is obvious; but I presume such an occurrence is very rare, judging from what I know of the experience of a large number of bathers, and from my own experience of the bath, which is very considerable. My grievance is as follows.

Two weeks ago, being in perfect health, I was being shampooed at one of our best and most frequented Turkish baths, and, as it chanced, was allotted to a strong and active, and, as it proved, too energetic or careless an attendant. As it was late on a Saturday afternoon, the bath was very full, and all were busy and hurried. I felt annoyed at the time by the severity of the manipulator's operations, and once or twice could hardly refrain from calling out lustily. However, I determined to "grin and abide," and upon leaving the hot compartment and going into the cooling one, felt uncomfortable and sore about the legs. On leaving the place altogether, I soon found that walking was attended by positive pain in the right knee, and, in fact, I limped all the way home, and, though getting much better, have limped ever since. Not being able to lie up, owing to professional engagements, I soon found that a certain amount of fluid was poured out into the joint, which was, of course, swollen and tender on pressure. By means of resting the limb as much as possible, most of all this has disappeared, but still I am suffering from the injury; and it has appeared to me necessary to make known this liability which attends the Turkish bath, however remote it may ordinarily be. I have to state that some years ago I suffered in the same knee from rheumatism, and possibly this rendered the joint more open to the assaults of my attendant. Still I never experienced the results now described before, and I take notice of it as a warning to others, and as a hint (should these observations meet their eye) to the authorities of Turkish baths in general. A surgical friend has solaced me by suggesting that as I had had some rheumatic affection of the joint on previous occasions, possibly the injury may have attended the breaking down of some adhesions within the joint. This may be so. On the other hand, it may have been attended by bruising of the cartilages or wrenching of the ligaments. In any case it is well that the contingency should be recognised.

I am, Sir, yours, &c.,

April 25th, 1870. M.D.

FROM the *North China Herald* we learn that, through the perseverance of Dr. Henderson, an official proclamation has been issued at Shanghai by the Taotai, condemning the practice of inoculation for small-pox, and encouraging the Chinese to avail themselves of the advantages of vaccination. The Taotai calls attention to the unmistakable benefits conferred by the vaccine establishment in the native city, where thousands of children have been vaccinated; and altogether the proclamation indicates that the native authorities are becoming increasingly amenable to the instruction of those whom it was once the universal Chinese fashion to regard as "outer barbarians."

FOREIGN DEGREES AND THE NEW BILL.

Naval Surgeon.—The new Bill gives power to the General Medical Council to register foreign or colonial degrees *granted in respect of a higher degree of knowledge in medicine and surgery* than is required for obtaining a licence under the Bill. The Council is to have the power of fixing the fees, and of saying whether the holders of such degrees are to be examined or not. No special degrees are mentioned. Only medical degrees will be registered, and the Council would not be likely to register any foreign degrees without examination but those granted after notoriously good examinations.

Mr. Drake states, on examining some rice that had been boiled in a vessel in which a mackerel had been cooked, he observed that it was strongly phosphorescent. This is not surprising. No fish decomposes more readily than the mackerel, and, if we remember rightly, its sale is especially permitted on Sunday.

Drs. Gunn and *Hurlbut* (Chicago, Illinois) are thanked for their friendly offer. There is now an edition of THE LANCET printed specially for circulation in the United States, at the same price as in London.

THE HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—In your last issue, Mr. Weeden Cooke expresses an opinion that 30 grains of the above are too much for one dose.

Our Berlin correspondent, in a letter to hand this morning, says that 2·5 grammes, or a little over 30 grains, of pure chloral hydrate, dissolved in 30 grammes of distilled water and 30 grammes of currant syrup, are regularly given to adults in that city for one dose, and sometimes there are added 2 drops of chloroform.

Amongst the experiments published by Dr. Liebreich, we find the following entered in the surgical department of the Charité Hospital, Berlin, 23rd June, 1869:—A man, twenty-three years of age, got the first joint of forefinger cut off, and thumb and middle finger badly injured, by a saw. At 11.22 a potion of 2·5 grammes of chloral hydrate, dissolved in 15 grammes of water and 15 grammes of syrup, was given. Patient immediately closed his eyes, but reopened them when any noise was made. At 12.30 asked for food, ate it, and lay down again. At 2.15 a deep sleep set in, lasting until 3 o'clock. At 3.15 again went to sleep, and continued in that state until 6 o'clock, although loud cries were made during this interval by other patients in the ward. Upon interrogation, the patient experimented upon said he had slept comfortably, and did not experience any headache or other evil effects consequent upon the treatment.

Another case reported from same hospital, of a man, twenty-seven years of age, who had entered 31st May, 1869, and had been suffering from spondylitis since 17th December, 1867. Complained of great pains proceeding from the affected vertebræ, and had many sleepless nights. Injections of 0·045 grammes of morphia, repeated four to five times daily, afforded but little relief. At 11.30 was given 1·35 grammes of chloral hydrate. At 11.35 said he was getting tired, and wanted to sleep. At 11.40 his eyelids closed. Was then asked if he had any pain in his head or noises in his ears. Answered that he had not, but felt very comfortable. With little interruption he slept until 5 o'clock.

From Prof. Joseph Meyer's ward in Berlin, a person is reported apparently suffering from cancer, with frequent pains in the hypogastric region. Had sleepless nights. Morphia injected or used internally produced only about four hours' sleep, and he frequently suffered from deranged digestion and vomiting. At 10.30 was given 1·35 grammes of chloral hydrate. Within five minutes was asleep. Loudly called, he awoke, and plainly answered questions put to him. He lay down, and went to sleep again. At 5 o'clock he awoke, as is conjectured, owing to the doctor's visit. When asked how he felt, said he had a slight pain in the region of the temples, and was a little giddy, but felt no anguish, oppression, or nausea.

From the Charité Hospital, Berlin, is also given the following case:—A railway official, thirty-three years of age, had been troubled with a pleurisy, which left a cough and catarrhous expectoration. Muriate of morphia, subcutaneously and inwardly given, produced only short slumbers. At 6.15 received 2·1 grammes of chloral hydrate; pulse 148; respiration 30 per minute. At 6.20 patient said he had a strong constitution, but the potion was taking effect. At 6.29 was asleep; but as he coughed and expectorated, the respirations could not be counted. At 9 o'clock he awoke, quite refreshed and free from headache.

These are considered striking instances of the superiority of chloral over morphia: the sedative influence of the former is not preceded by irritation, it is much quicker in its hypnotic action, and does not derange the gastric functions.

After describing the result of an experiment on a boy, six years old, a remark is made that no opportunity has been offered for testing its effects on younger children; but an opinion is given that new-born infants may have with safety 0·4 gramme, and those twelve months old 0·9 gramme.

Dr. Liebreich states that in all experiments with chloral hydrate it is of the utmost importance to have it pure; otherwise its use is liable to produce pernicious effects, as, for instance, irritation, cough, &c.

We are, Sir, yours obediently,

E. W. HOWS & Co.,

Aldermanbury, London, May 4th, 1870. Importers of Chemicals.

To the Editor of THE LANCET.

SIR,—In your issue of the 23rd April, "A Subscriber" asks for a palatable form of prescribing hydrate of chloral. I have found the following to answer well, even to the most fastidious taste of both old and young, for an ordinary draught: Hydrate of chloral, half a drachm; chloroform water, two drachms; syrup of oranges or syrup of tolu, one to two drachms; tincture of ginger, six to twelve drops; water to one ounce and a half. The ginger may be omitted altogether according to the opinion of the prescriber, and the others increased or diminished at pleasure. The chloroform water is merely a saturated solution of the drug in water (which dissolves about half a fluid ounce to the gallon), which I find an excellent *addendum* to many fluid prescriptions, and in this case not only assists to cover the acrid taste of the drug, but less or more intensifies its action as an anodyne and hypnotic.

Yours obediently,

April 26th, 1870. A PRESCRIBER.

THE VACCINATION ACT AT LEEDS.

AT the meeting of the Leeds Board of Guardians last week the quarterly Report of the Vaccination Inspector was read, showing that out of 446 children born in the three months, July, August, and September last, and who were unvaccinated at the beginning of this year, 316 had been vaccinated, 85 had died, 18 were sick, and 27 had left the neighbourhood. The improvement of the death-rate from small-pox within the township has gradually developed itself until not one death from that cause has been registered during the quarter ending 31st March; this immunity of a population of 138,900 persons the Inspector attributes to "the rigorous perseverance employed in making vaccination universal." There are, it seems, a small knot of recusants, who find objections to vaccination ready cut and dried for them by the busy and mistaken agitators, who are doing their utmost to hinder the beneficent operation of the Vaccination Act in Leeds as elsewhere. We gather that one of the guardians is mixed up with this opposition; but we rejoice to find that an endeavour made by him at the Board meeting to air his crotchets was hopelessly unsuccessful.

L. O. P. D., if he can procure the excision from the Register of the names he specifies, will earn the thanks of the profession. Such fungi have no power of metastasis. Our correspondent will add to his many favours by forwarding us particulars of the duly qualified, albeit irregular, practitioner he mentions. But we cannot undertake to bring the matter before the Medical Council.

Sufferer, (Llanfyllin.)—We never prescribe. Consult a surgeon.

THE POOR-LAW MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I shall feel obliged if you will permit me, through your columns, to inform Poor-law medical officers that Mr. W. H. Smith, M.P., has a notice on the paper, to the effect that he will on the 13th of this month call the attention of the House of Commons to the operation of the Poor Law, and move an address for a Royal Commission to inquire into its administration.

It cannot be denied that never at any time since 1832-3 has there existed so wide-spread a feeling of dissatisfaction with our Poor-law administration as at the present time; for not only does the annual average number of persons in receipt of relief steadily advance, but the rate of expenditure increases out of all proportion to the augmentation of pauperism; and yet the medical service, which has charge of the initial cause of the largest proportion of our pauperism, remains in as ill-paid, discontented, generally degraded, and unsatisfactory a state as when eleven years ago Mr. Sotheron Estcourt, the then President of the Poor-law Board, expressed the opinion, "that the matter (*id est*, of medical relief) ought not to remain as it is."

That Mr. Smith will be opposed, there can be no doubt. Thus we may be certain that the officials at Whitehall will use all the influence at their command to negative his proposition. I therefore hope that Poor-law medical officers will not let this opportunity slip of opening up the question, but will immediately communicate with such members of the House of Commons as they may be personally acquainted with, and urge them to support the motion.

If, however, it should so happen that Mr. Goschen should yield, or a resolution be come to that a Royal Commission should issue, and its members be constituted of such gentlemen as have been known to have paid attention to the subject, there would be the probability that during the recess such a mass of valuable information would be obtained as would enable the Government to bring in a Bill which would be satisfactory to the community generally.

I am, Sir, yours obediently,

Dean-street, May 4th, 1870. JOS. ROGERS.

CUPPING.

WE are asked to say that Mr. Henry Mapleson, who has been twenty years cupper in Edinburgh, and twenty years in Dublin, has established himself in London as a practitioner of the art.

A CORRESPONDENT asks whether any of our readers possesses experience of the infusion of wild thyme as a remedy for dropsy. According to him it was used with remarkable benefit in the case of a boy labouring under acute anasarca. It appears to have acted both as a purgative and diuretic.

Dr. Franklin Gould's paper on "Spanish Hospitals" has had to stand over from the pressure of other matter. It will appear in an early number.

SALE OF FOREIGN DEGREES.

To the Editor of THE LANCET.

SIR,—My attention has been drawn to the following paragraph in THE LANCET of April 23rd, in "Answers to Correspondents."

"FOREIGN DEGREES.

"Mr. Septimus Read would not be able to snap his fingers very loudly on the strength of a degree offered to him for £25 by an advertiser. It would not confer a title that anybody would be either bound or disposed to recognise; it could not be registered, and it would confer no right to practise."

As my father, Mr. Septimus Read, of 41, Jewin-street, E.C., is the only one of that name on the Register, and has been suffering from paralysis for the last twelve months, any communication purporting to come from him must be a forgery; and, after sixty years of successful practice in his profession, he feels much hurt at the bare suspicion of being in want by purchase of a foreign degree. Some explanation is required as to the use of his name in the manner indicated, and he feels sure will be readily given to one who has been a regular subscriber to THE LANCET from its first number.

I remain, Sir, yours faithfully,

REGINALD READ, L.R.C.P. Edin.

Guildford-place, Russell-square, May 5th, 1870.

*** We gladly insert the above letter, which amply disconnects Mr. Septimus Read from the above matter; and, indeed, the letter was scarcely necessary for this purpose.—ED. L.

THE OPENING CEREMONY OF THE UNIVERSITY OF LONDON.

WE have to acknowledge the receipt of a card of invitation to be present at the opening of the new building of the University by the Queen on Wednesday, May 11th.

Mr. Christopher Jeaffreson, (Newcastle-upon-Tyne.)—The communication shall be published next week.

S. will find in the treatises of Drs. Handfield Jones and Russell Reynolds the results of the latest researches on the diseases to which he refers.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I have read with interest the communication that appeared under the above heading in your number of the 19th February last, from "Civil Surgeon, Sweeper, &c." His is hardly a fair case, as few who enter the service now can expect to get into civil employ so early as he has done. Anyone who chooses to try can pass in the native language in six months, and very few now can expect to be employed within twice that time after arrival in India. Your correspondent should have drawn employed pay while in charge of the regiment, as there was then no order to the contrary. It is not too late yet. A civil surgeon, as a rule, does receive less pay, as a surgeon, than his military brother; but he almost invariably has, besides his medical duties, the superintendence of a gaol or such-like work to perform, for which he gets a special allowance, and which raises his salary to slightly (fifty rupees a month or so) over that of his military brother. Government admits that this is not a sufficient increase of pay in proportion to the enormous increase of work in the civil over the military employ (other military officers draw twice and thrice their military pay in civil employ); and, as a set off, the civil surgeon is allowed to take fees, is supposed to be feed by every married civil officer in his district, and to take private practice among any "outsiders" who may be within his range.

My experience quite tallies with that of "Civil Surgeon, &c.," as to this part of the G.O. being a delusion and a snare. On the whole, the chances of obtaining a fee are, in my experience, much greater in the case of the military, civilian, or of the much-abused "competition-wallah," than in that of the old class civilian or of the nondescript "uncovenanted" man. In an up-country station, where there will be perhaps a dozen European families, the civil surgeon may hint to delinquents that he expects a fee; but to sue in a Court would be practically out of the question, if friendly feelings are to be maintained. However, it has been occasionally done; and with reference to the amount of fee claimable in such cases, Government has ruled that the fee should be five per cent. on the officer's pay. In fairness to the civil surgeon, in fixing whose pay Government has reckoned the above as a part, and of which, under present arrangements, never all, and very often not even a part, reaches his pocket, I think that Government should deduct the amount from the pay of each married civil officer (who had his family with him), and pay it over to the civil surgeon. This could be no hardship to the civilian, because he, in fact, now draws doctor's allowance (as he draws tentage), but forgets to pay it; whereas under the above plan the allowance would be stopped, and the doctor paid for him.

A civil surgeon has all the multifarious duties to perform indicated by your correspondent. That he should have so many masters is, I consider, a great evil, and one which must be remedied sooner or later, and that, I believe, by centralisation. Instead of the Sanitary Commissioner, Inspector-General of Gaols, and Superintendent-General of Vaccination sending in to Government direct each a separate report, the reports should pass through the Medical Department, whose higher officials could, from their more extensive experience, generalise on the facts set forth therein, and prevent the crude and often conflicting theories that are now to be met with in the several published reports for each Province from seeing the light.

The matter of leave also requires adjusting. Under present arrangements, if a civil surgeon can get leave at all, it is only at the sacrifice of all but his staff pay—an anomaly to be found in no other branch of the service; and that the benefits of the new Furlough Rules should be denied to the doctors, and to the doctors alone, is a crying shame, as well as a most ungracious act on the part of a Government whose first essays to gain a footing in India were so materially aided by a member of our service.

I would add that I consider "Civil Surgeon, &c.," rather hard on the Sanitary Commissioner, and I think he will find a better remedy for the evils he complains of, than sitting still and waiting, to be to try and do his best for the good of, on the whole, not an illiberal Government, in which case also he will less mind being found fault with occasionally.

Your obedient servant,

India, March, 1870. BE JUST AND FEAR NOT.

To the Editor of THE LANCET.

SIR,—In your last number, p. 642, there is a letter from a "Civil Surgeon," dated March, 1870. I would observe as the result of my experience:—

1st. That civil employ for a covenanted military medical officer is voluntary.

2nd. That a medical officer in civil employ can at any time, at his own pleasure, revert to military employ.

3rd. That medical officers in charge of district gaols—i. e., in executive and magisterial charge,—in addition to being in medical charge, receive extra pay for the latter duties.

4th. That the man who can "superintend manufactures," "erection of buildings," in addition to being a medical officer, is about the best man a General would like to have in his force on active service; for he would never raise difficulties in the matter of transport, commissariat, or accommodation for patients and hospital. His being in civil employ, too, for a time would make him conversant with the ways and means of going about for getting supplies, and a better knowledge of the country and language than a life led solely in cantonments. A doctor in India is none the worse for knowing something more than merely professional work; he may be the sole adviser with a small detachment of cholera-stricken European soldiers, perhaps both officers and men strangers to the country; he may have to plan the medical arrangements for a fair of some 300,000 natives.

I unhesitatingly say that two or three years of the training "Civil Surgeon" treats of is about the best one an Indian medical officer can undergo. An officer connected with the Staff College sees the interior economy of the different arms of the service; so likewise do I consider that a few years' service such as "Civil Surgeon" writes about assists to form the experience of the Indian medical officer, and make him useful to his Government.

Your obedient servant,

Parliament-street, May 2nd, 1870. R. BATESON.

We have not space for *Mr. Curran's* letter; but a few considerations will show him that there is no relation whatever between the army and navy medical service and that of the Poor Law. In the first place, the army or navy surgeon is specially employed, and is liable to service in any part of the world; whilst the more fixed the Poor-law medical officer is, the better for all parties. Secondly, the military surgeon has a definite rate of pay sufficient for his reasonable wants; he has also a prospect of future advancement, and of a retiring pension after lengthened service. In the Poor Law, it would be impossible to pay medical officers more than a very moderate salary, since it would be obviously impolitic to invite persons to become paupers by offering them better medical attendance than that which is supplied to the independent poor. Furthermore, there is no opportunity for promotion, nor indeed of obtaining distinction and social position. These motives operate quite as strongly as men's pay; and although the real sacrifices of a Poor-law medical officer are often as great as those of a military surgeon, and require the exercise of as much courage, it is scarcely possible that they can be remunerated except by the confidence and gratitude of the public. In fact, it is to private practice that the profession must look for their substantial reward, and from this anything like a staff system effectually excludes them.

Inquirer may compete for the Jacksonian or Croonian prize. Archbishop Thomson's "Outlines of the Laws of Thought" and "Rowton's Debater" will answer our correspondent's purpose.

THE communication of *Dr. T. P. Heslop* (Birmingham) shall receive early consideration.

Mr. R. Metcalfe, (Maida-vale.)—The functionary referred to has no right to withhold the shillings from the guineas.

A QUERY.

To the Editor of THE LANCET.

SIR,—Perhaps some of your numerous readers might suggest, through your columns, something of use for the subjoined case.

About six months ago a female child, aged seven years, came under my observation, suffering from the following symptoms:—Frequent desire to pass urine, which is attended with pain; hæmaturia; the urine cloudy from mucus (these symptoms are increased by exercise); acidity of stomach; and torpidity of bowels, requiring the regular use of purgative medicines. The child is of a very delicate habit of body, and anæmic. The treatment I have pursued was the administration of general anti-strumous medicines, such as cod-liver oil, ammonia, citrate and tartrate of iron, henbane, and alkalies. My diagnosis of the case was subacute inflammation of bladder and congestion of abdominal viscera. I have not sounded the bladder for stone. All the remedies I have tried seemed of no avail.—Yours obediently,

April 25th, 1870. M.D.

*** If this were a male child, the probabilities would be strongly in favour of stone. The symptoms enumerated by our correspondent are suggestive of the presence of some local irritation—possibly vesical calculus. Had he not better determine this point?—ED. L.

Mr. Richard B. Gibbs.—We cannot help our correspondent to logical conclusions, or prevent him from coming to absurd ones. But anything more illogical and absurd than the conclusion he arrives at from the Report of the Registrar-General for Scotland could not well be imagined. And the logic of his letter is like all the logic of the anti-vaccinationists. There is not much distinction, after all, between anti-vaccination and anti-compulsory vaccination; for, as a matter of fact, the opposition to the Compulsory Vaccination Act generally takes the shape of a rabid and monstrous denunciation of vaccination—the greatest blessing which medicine has yet conferred on the human race.

Valuti in Speculum.—The usual custom for a family medical attendant is to charge a full fee for the visit to one member of the family, and a smaller one for each of the rest for whom advice is required.

MEDICAL SCHOOLS.

To the Editor of THE LANCET.

SIR,—The Vicar of my parish has asked me to recommend a medical school for his second boy. In the meantime my son writes to me from town, that at the recent primary examination at the College of Surgeons no less than 43 candidates were rejected out of 100 who went up. He adds, what must probably be an exaggeration, that of 12 candidates sent up by one school, 11 were rejected.

It is not for me to speculate whether the fault lies with the examiners, the teachers, or the students; but it would very much assist those who, like myself, are expected to know something about the different schools if the number of "plucks" belonging to each were published. Can any of your readers enlighten me? I am, Sir, yours, &c.,

Yorkshire, May 3rd, 1870. RUSTICUS.

Senex.—Our correspondent seems to us, without meaning it, to do injustice to those who have acquired the higher titles by the arduous methods of working and paying for them. We do not understand a right to titles based either on mere logic or on loose popular customs. Titles are technical things, to be acquired and used only as matters of right.

Protector is thanked for his communication; but it merely swells the chorus of complaint against what John Knox called the "monstrous regiment" of women.

Wadebridge.—1. Yes, certainly.—2. Probably. Something would depend upon the position of the patient, and the customary charges of the practitioner.—3. The *firm* can charge. A member of the College can only recover for *surgical* attendance.

Dr. Alex. Robinson's (Glasgow) paper on the "Scotch Asylum System" shall receive early publication.

A JAPANESE RULER ON DOCTORS.

IN his interesting book on Japan, Dr. W. Dickson gives a summary of the Laws of Jyeyas, the Japanese Justinian of his era, from which it appears that that sage ruler held the following views about the medical profession:—

> "All men are liable to sickness. If doctors become rich, they grow indolent; therefore it is improper that they should acquire territory or landed property; but they are to be paid by every one, high and low, according to the visits paid."

The latter part of this edict will make the mouths water of many a hard-working, ill-paid doctor in this country, whose present chances of arriving at the "indolent" stage in professional life which Jyeyas contemplated are remote enough.

A General Practitioner.—We think that for our correspondent's purposes Aitken's work would be most suitable.

IODIDE OF POTASSIUM.

To the Editor of THE LANCET.

SIR,—I have a patient to whom it is of the first importance to administer the iodide of potassium; but it is ill borne, whatever the adjunct. I should be deeply obliged could any of your subscribers tell me if the remedy could be administered with equal efficacy by injection into the rectum; and, if so, the relative dose. Upon this point my medical library does not help me, as I cannot find it noted, and therefore request the kind aid of those who enjoy a larger experience or possess a completer library than,

Yours obediently,

May, 1870. A COUNTRY SUBSCRIBER.

*** We advise our correspondent to try a diminution of the dose. Where the iodide is "ill borne," it is, for that patient, a more powerful medicine than usual; and by diminishing the dose until all hurtful effects cease, the curative effects may often still be secured. We have known, under such circumstances, the single dose brought down gradually from ten grains to half a grain, and the patient cured by perseverance with the latter quantity.—ED. L.

Mr. C. M. Matthew (New Ormond-street) is thanked for his letter. The advertisement seemed quite fair, and we cannot be expected to diagnose an unworthy purpose in announcements ostensibly straightforward.

Dubitans.—We fear that our correspondent can only claim the larger fee; but he had better try for both.

THE letter of *Mr. W. W. Saxton* (Market Drayton) will, probably, appear in our next number.

COMMUNICATIONS, LETTERS, &c., have been received from—*Prof. Liebreich*; Dr. Lathelby; Dr. Sedgwick; Dr. J. W. Ogle; Mr. Gray, jun.; Mr. Clark; Mr. Cuffe; Mr. Barnes; Dr. Creed; Mr. Thomson; Mr. Kemp; Mr. Currie; Dr. Chapman; Mr. Beaumont; Mr. Glover; Mr. W. Drake; Dr. Dearden, Church; Dr. Clarke, South Molton; Mr. Bateson; Dr. Britton, Driffield; Dr. Tizard, Weymouth; Dr. Ewens, Cerne Abbas; Mr. Sims, Manchester; Mr. Stamp; Dr. Broster, Shilton; Mr. Gordon; Dr. Ward; Mr. Hovell; Dr. Yates, Kingston, Canada; Dr. Gore, Sierre Leone; Dr. Donkin, Sunderland; Mr. Cecly, Powick; Mr. Matthews, Royston; Mr. Lowndes, Liverpool; Mr. Land; Mr. Steele; Mr. Evans; Dr. Morier, Sierra Leone; Dr. Thomas, Everton; Mr. Bery, Hyson Green; Mr. Carter; Mr. R. Cross; Mr. Barkes, Bow Bridge; Mr. Bradshaw; Mr. E. Anderson, Cambridge; Mr. Phipps; Mr. Sharp; Dr. Gould; Mr. Fry; Mr. Knott; Mr. Pitman, Beaminster; Mr. Binder; Mr. Williams; Mr. Dalston, Penrith; Mr. Price; Mr. Plumbe, Llangollen; Mr. J. Taverner, Ipswich; Mr. Braddon, Manchester; Dr. Maskew, Elcombes; Mr. Craven, Rothwell; Mr. S. Bencowe; Dr. Knipe, Malvern; Mr. Davies; Mr. Bryden; Dr. E. Crisp; Mr. Humby, Bournemouth; Mr. Metcalfe; Dr. Andrews; Dr. Matthew; Mr. Harris; Mr. Deane, Lutterworth; Mr. Jones, Wakefield; Mr. J. Whitfield, Scarborough; Mr. Geary, Liverpool; Mr. Seton; Mr. Powell; Dr. Robertson, Glasgow; Mr. Medd; Dr. Simpson; Messrs. Howe and Co.; Mr. Garman; Dr. Wilson, Huntingdon; Dr. Leslie; Dr. Steven, Glasgow; Dr. Webster; Mr. Jenkins; Mr. Maddocks; Dr. Lewis, Henfield; Mr. Oliver, Grantham; Dr. J. A. Thompson; Miss Adams; Mr. De la Rue; Mr. Chard, Stockport; Mr. Perkins, Melksham; Mr. Morris, Grahamstown; Mr. Brown, Chesterfield; Dr. Jessop; Mr. Linklater; Dr. Bayard, New Brunswick; Mr. Wood; Mr. Saxton, Market Drayton; Dr. Fisher, Clifton; Mr. Grant, Richmond; Dr. Atkinson; Mr. Griffith; Mr. Courtenay, Stafford; Mr. Smith, Leigh; Messrs. Thomas; Mr. Howard; Mr. Knight; Mr. Hines, Newton Abbott; Dr. Porteous, Blackburn; Mr. H. Morgan; Dr. Redwood; Mr. Rhaming, Brighton; Dr. Tidy; Dr. Macnab; Dr. Henderson, Shanghai; Mr. Lewis, Oswestry; Mr. Brook; Dr. Owen, Birmingham; Dr. Thomson, Edinburgh; Mr. Wharton; Dr. Jamieson; Dr. A. Farr; The Registrar of the University of London; M. A. B.; A. L.; N. C.; F. A.; Not a Barrister; G. B.; The Director-General of the Army Medical Department; The Editor of the *Chicago Medical Times*; L. M. S.; Audi Alteram Partem; Medicus; Omega; Flexa; Alpha; X.; Cognosco; A General Practitioner; Nemo; The Council of the Society of Arts; Delta; M.D.; M.R.C.S.; Protector; Inquirer; Mater; Epidemiological Society; Senex; A Prescriber; W. P.; Sufferer; Beakes; A. B., St. Mary Cray; M.P.; &c. &c.

Leeds Mercury, Pool Journal, Malvern News, Baltimore Medical Journal (February, March, and April), *Brighton Guardian, Bolton Evening News, Technologist* (New York), *Charles's Wain, Hereford Times, Transactions of the Odontological Society, Brighton Gazette, Canada Medical Journal, North Wales Chronicle, Buckingham Daily Gazette, South Berks Free Press, North China Herald*, and *London, Edinburgh, and Dublin Philosophical Magazine* have been received.